### Case 18-01671 Doc 1 Filed 01/20/18 Entered 01/20/18 18:25:40 Desc Main Document Page 1 of 81

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | Part 1: Identify Yourself  |   |   |              |  |  |
|-----|--|---|---|--------------|--|--|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a                                  | Joint Case): |  |  |
| 1.  | Your full name   |   |   |              |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Atiba First name  Latrice Middle name  Miller  Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |              |  |  |
|     |  |   |   |              |  |  |
| 2.  | All other names you have used in the last 8 years  |   |   |              |  |  |
|     | Include your married or maiden names.  |   |   |              |  |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-2872   |   |              |  |  |

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Debtor 1 Atiba Latrice Miller

| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | About Debtor 1:  I have not used any business name or EINs.   |   | About Debtor 2 (Spouse Only in a Joint Case):  |
|--|---|---|---|--|
|  |   |   |   | ☐ I have not used any business name or EINs.   |
|  | Include trade names and doing business as names | Business name(s)  |   | Business name(s)   |
|  |   | EINs  | - | EINs   |
| 5.   | Where you live                                  | 722 E. 157th Place  |   | If Debtor 2 lives at a different address:  |
|  |   | Number, Street, City, State & ZIP Code  | - | Number, Street, City, State & ZIP Code   |
|  |   | Cook  |   |  |
|  |   | County  |   | County   |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. |   | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | - | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6.   | Why you are choosing this district to file for  | Check one:  |   | Check one:   |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|  |   |   | - |  |

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Document Case number (if known) Debtor 1 Atiba Latrice Miller

| Par | Tell the Court About  | Your Ba  | ankruptcy Ca                  | se  |                                       |                                       |   |
|-----|---|--|-------------------------------|---|---------------------------------------|---------------------------------------|---|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  |                               |   |                                       |                                       |   |
|     | choosing to file under  | ☐ Ch   | hapter 7                      |   |                                       |                                       |   |
|     |   | ☐ Ch   | hapter 11                     |   |                                       |                                       |   |
|     |   | ☐ Ch   | hapter 12                     |   |                                       |                                       |   |
|     |   | ■ Cł   | hapter 13                     |   |                                       |                                       |   |
| 8.  | How you will pay the fee  | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. |                               |   |                                       |                                       |   |
|     |   |  |                               |   |                                       | this option, sig                      | n and attach the Application for Individuals to Pay   |
|     |   | _  | •                             | e in Installments (Offic                                  | •                                     | this antion only                      | if you are filing for Chapter 7. By law, a judge may,   |
|     |   |  | but is not requapplies to you | iired to, waive your fee<br>r family size and you a       | e, and may do so<br>are unable to pay | only if your inco<br>the fee in insta | ome is less than 150% of the official poverty line that allments). If you choose this option, you must fill out orm 103B) and file it with your petition. |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | □ No   |                               |   |                                       |                                       |   |
|     | iast o years:   | <b>-</b> re  |                               | ! a.t aa  | When                                  | 0/04/00                               | Coco number   |
|     |   |  | District                      | im not sure   | When                                  | 8/01/08                               | Case number   |
|     |   |  | District                      |   | When                                  |                                       | Case number   |
|     |   |  | District                      |   | When                                  |                                       | Case number   |
| 10. | Are any bankruptcy cases pending or being   | ■ No   | )                             |   |                                       |                                       |   |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye   | es.                           |   |                                       |                                       |   |
|     |   |  | Debtor                        |   |                                       |                                       | Relationship to you   |
|     |   |  | District                      |   | When                                  |                                       | Case number, if known   |
|     |   |  | Debtor                        |   |                                       |                                       | Relationship to you   |
|     |   |  | District                      |   | When                                  |                                       | Case number, if known   |
| 11. | Do you rent your  | ■ No   | Go to li                      | ne 12.  |                                       |                                       |   |
|     | residence?  | ☐ Ye   | s. Has yo                     | ur landlord obtained a                                    | n eviction judgme                     | ent against you?                      | ?   |
|     |   | . •  |                               | No. Go to line 12.  |                                       | -                                     |   |
|     |   |  |                               | Yes. Fill out <i>Initial Sta</i> this bankruptcy petition |                                       | Eviction Judgm                        | nent Against You (Form 101A) and file it as part of   |

| )eb  | Case 18-0   | _            | Doc 1                     | Filed 01/20/18<br>Document                            | Entered 01/20/18 18:25:40<br>Page 4 of 81  | Desc Main                          |
|--|---|--------------|---------------------------|---|--|------------------------------------|
|  | Report About Any Bu   |              | ou Own as                 | s a Sole Proprietor                                   |  |                                    |
| 2.   | Are you a sole proprietor of any full- or part-time business?   | ■ No.        | Go to Pa                  | rt 4.   |  |                                    |
|  |   | ☐ Yes.       | Name an                   | nd location of business                               |  |                                    |
|  | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |              |                           | business, if any                                      |  |                                    |
|  | If you have more than one sole proprietorship, use a separate sheet and attach  |              | Number,                   | Street, City, State & ZIP                             | Code   |                                    |
|  | it to this petition.  |              |                           | e appropriate box to desc                             | •  |                                    |
|  |   |              | _                         | ,   | defined in 11 U.S.C. § 101(27A))   |                                    |
|  |   |              | _                         | ,   | as defined in 11 U.S.C. § 101(51B))  |                                    |
|  |   |              |                           | Stockbroker (as defined in                            | 11 U.S.C. § 101(53A))  |                                    |
|  |   |              |                           | Commodity Broker (as def                              | fined in 11 U.S.C. § 101(6))   |                                    |
|  |   |              |                           | lone of the above                                     |  |                                    |
| 3.   | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br>debtor?  | deadlines. I | If you indic<br>cash-flow | ate that you are a small to statement, and federal in | ust know whether you are a small business de<br>pusiness debtor, you must attach your most re<br>acome tax return or if any of these documents | ecent balance sheet, statement of  |
|  | For a definition of <i>small</i>  | ■ No.        | I am not                  | filing under Chapter 11.                              |  |                                    |
| business debtor, see 11 U.S.C. § 101(51D). |   | □ No.        | I am filing<br>Code.      | g under Chapter 11, but I                             | am NOT a small business debtor according to  | o the definition in the Bankruptcy |
|  |   | ☐ Yes.       | I am filing               | g under Chapter 11 and I                              | am a small business debtor according to the  | definition in the Bankruptcy Code. |

#### Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. |  |
|------|--|
|      |  |
|      |  |

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Atiba Latrice Miller

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 81 Case number (if known) Debtor 1 **Atiba Latrice Miller** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Atiba Latrice Miller Signature of Debtor 2 Atiba Latrice Miller

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on January 20, 2018

MM / DD / YYYY

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Debtor 1 Atiba Latrice Miller Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ S.M.deRath, Esq.                   | Date          | January 20, 2018 |
|--|---------------|------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY   |
| S.M.deRath, Esq.                       |               |                  |
| Printed name                           |               |                  |
| Attorney S.M.de Rath, Esq.             |               |                  |
| Firm name                              |               |                  |
| 233 S. Wacker Dr, 84th FL              |               |                  |
| Chicago, IL 60606                      |               |                  |
| Number, Street, City, State & ZIP Code |               |                  |
| Contact phone 312-283-8606             | Email address |                  |
| 6206809                                |               |                  |
| Bar number & State                     |               |                  |

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01/2012

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

|  | NORTHERN DISTI   | RICT                       | OF ILLINOIS   |
|--|--|----------------------------|---|
| IN RE:   | Atiba Latrice Miller   | )                          | Chapter 13 Bankruptcy Case No.  |
|  | Debtor(s)  | )                          |   |
|  | DECLARATION REGARDIN<br>PETITION AND ACCOMPA                     |                            |   |
|  | DECLARATION OF   | PET                        | ITIONER(S)  |
| I(V)<br>hereby dec<br>is true and<br>being filed | with the petition; and (3) the document's a                      | nform<br>on, st<br>are tru | nation I(we) have given my (our) attorney ratements, schedules, and other documents ue and correct. |
|  | be checked and applicable only if the pet bility entity.]        | ition                      | is for a corporation or other limited   |
| □ l<br>hav                                       | I,, the undersigned, we been authorized to file this petition on | furth<br>beha              | ner declare under penalty of perjury that I alf of the debtor.                                      |
| Atiba Latric                                     | ce Miller  |                            |   |
| Printed or T                                     | Typed Name of Debtor or Representative                           | Pr                         | inted or Typed Name of Joint Debtor   |
| Signature of                                     | f Debtor or Representative                                       | Si                         | gnature of Joint Debtor   |
| January 18                                       | , 2018   |                            |   |
| Date   |  | D                          | ate   |

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| Fill in this information to identify your case: |                               |                                      |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                               | ]                                    |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                      |
| Case number (if known)                          | Chapter you are filing under: |                                      |
|   | ☐ Chapter 7                   |                                      |
|   | ☐ Chapter 11                  |                                      |
|   | ☐ Chapter 12                  | ı                                    |
|   | ■ Chapter 13                  | ☐ Check if this ar<br>amended filing |
| W1 V  |                               | _                                    |
|   |                               |                                      |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 7: Sign Below |  |  |  |  |  |
|--------------------|--|--|--|--|--|
| For you            | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.   |  |  |  |  |
|                    | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  |  |  |  |  |
|                    | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |  |  |  |  |
|                    | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |  |  |  |
|                    | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Isl Atiba Latrice Miller |  |  |  |  |
|                    | Atiba Latrice Miller Signature of Debtor 2 Signature of Debtor 1   |  |  |  |  |
|                    | Executed on   January 18, 2018   Executed on   |  |  |  |  |

|                     |                          | Docume            | nt Page 10 of 81 |    |
|---------------------|--------------------------|-------------------|------------------|----|
| Fill in this infor  | mation to identify your  | case:             |                  |    |
| Debtor 1            | Atiba Latrice Mille      | er                |                  |    |
|                     | First Name               | Middle Name       | Last Name        |    |
| Debtor 2            |                          |                   |                  |    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |    |
| Case number _       |                          |                   |                  |    |
| (if known)          |                          |                   |                  |    |
|                     |                          |                   |                  | am |

Check if this is an amended filing

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 11: Summarize Your Assets  |              |                               |
|-----|--|--------------|-------------------------------|
|     |  | Your a       | ssets<br>of what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 5,600.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 5,600.00                      |
| Par | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 6,852.00                      |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 98,410.51                     |
|     | Your total liabilities   | \$           | 105,262.51                    |
| Par | 3: Summarize Your Income and Expenses  |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 2,636.88                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 2,336.00                      |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other scl | hedules.                      |
| 7.  | Yes What kind of debt do you have?   |              |                               |
|     | Vous debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | o porconal   | family or                     |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Page 11 of 81 Case number (if known) Debtor 1 Atiba Latrice Miller

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,432.01

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:   | Total | claim     |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 84,742.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 84,742.00 |

|   |  | Document   | Page 12 of 81  |                            |  |
|---|--|--|--|----------------------------|--|
| Fill in this info   | ormation to identify your                                    | case and this filing:  |  |                            |  |
| Debtor 1  | Atiba Latrice Mil  | ler  |  |                            |  |
|   | First Name   | Middle Name  | Last Name  |                            |  |
| Debtor 2<br>(Spouse, if filing)                           | First Name   | Middle Name  | Last Name  |                            |  |
| (Spouse, il lillig)                                       | i iist ivaine  |  |  |                            |  |
| United States   | Bankruptcy Court for the:                                    | NORTHERN DISTRICT OF IL  | LINOIS   |                            |  |
| Case number   |  |  |  |                            | ☐ Check if this is an                                |
|   |  |  |  |                            | amended filing                                       |
|   |  |  |  |                            | -  |
| Ott: -: - I ⊏   | - mas 400 A /D   |  |  |                            |  |
| _   | orm 106A/B   |  |  |                            |  |
| Schedı  | ıle A/B: Prop  | perty  |  |                            | 12/15  |
| hink it fits best.<br>nformation. If m<br>Answer every qu | Be as complete and accurnore space is needed, attachuestion. | pe items. List an asset only once. ate as possible. If two married pet a separate sheet to this form. On g, Land, or Other Real Estate You | ople are filing together, both a<br>the top of any additional page | re equally responsible for | supplying correct                                    |
|   | <del>-</del>   | le interest in any residence, buildi   |  |                            |  |
| Do you own t  | or nave any legal or equitable                               | le interest in any residence, buildi   | ng, iand, or similar property?                                     |                            |  |
| No. Go to I   | Part 2.  |  |  |                            |  |
| ☐ Yes. When   | re is the property?  |  |  |                            |  |
| Part 2: Descri  | be Your Vehicles   |  |  |                            |  |
| 3. Cars, vans,  □ No ■ Yes                                | trucks, tractors, sport u                                    | tility vehicles, motorcycles   |  |                            |  |
| 3.1 Make:   | Saturn   | Who has an interest in   | the property? Check one  |                            | claims or exemptions. Put ured claims on Schedule D: |
| Model:  | Vue  | ■ Debtor 1 only  |  |                            | laims Secured by Property.                           |
| Year:   | 2008   | Debtor 2 only  |  | Current value of the       | Current value of the                                 |
| • •   |  | Debtor 1 and Debtor  | · 2 only   | entire property?           | portion you own?                                     |
| Other inf   | formation:   | At least one of the d  | ebtors and another   |                            |  |
|   |  | Check if this is con (see instructions)  | nmunity property   | \$3,000.00                 | \$3,000.00   |
| Examples: B  No Yes  Add the do pages you  Part 3: Descri | ollar value of the portion have attached for Part 2          | ATVs and other recreational vectorial watercraft, fishing vessels, you own for all of your entries. Write that number here                 | snowmobiles, motorcycle ac   | y entries for              | \$3,000.00  Current value of the portion you own?    |
|   |  |  |  |                            | Do not deduct secured claims or exemptions.          |
|   |  |  |  |                            | ciairiis or exemptions.                              |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Case 18-01671 Filed 01/20/18 Entered 01/20/18 18:25:40 Document Page 13 of 81 Debtor 1 Case number (if known) Atiba Latrice Miller Yes. Describe..... \$400.00 Household: FURNITURE 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$300.00 TV, DVD, and all other electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothing owned by debtors \$400.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$100.00 Wedding bands; costume jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,200.00 for Part 3. Write that number here .....

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Doc 1

Current value of the portion you own? Do not deduct secured

Desc Main

Page 14 of 81
Case number (if known) Document Debtor 1 **Atiba Latrice Miller** claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash in debtor's \$100.00 possession 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **Bank Name: Account Number Ending:** \$100.00 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) Employer-sponsored 401(k) retirement plan Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: Yes. ..... Security Deposit: Security Deposit Held By \$1,200.00 Landlord nicole thompson 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No

Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

| Debtor               | Atiba Latrice Miller   | Document                                | Page 15 of 81 <sub>C</sub>   | ase number (if known)        |   |
|----------------------|--|---|--|------------------------------|---|
| ■ No                 |  |   |  |                              |   |
|                      |  | d description. Separately file the      | he records of any interes  | sts.11 U.S.C. § 521(c):      |   |
| 25. <b>Trus</b> ■ No | sts, equitable or future interests in  | property (other than anythir            | ng listed in line 1), and  | rights or powers exercis     | able for your benefit   |
| □ Ye                 | es. Give specific information about the  | iem                                     |  |                              |   |
|                      | ents, copyrights, trademarks, trade<br>simples: Internet domain names, webs                          |   |  | ts                           |   |
| ☐ Ye                 | es. Give specific information about the  | em                                      |  |                              |   |
|                      | nses, franchises, and other general<br>Imples: Building permits, exclusive lid                       |   | n holdings, liquor licens  | es, professional licenses    |   |
| _                    | es. Give specific information about the  | em                                      |  |                              |   |
| Money                | or property owed to you?   |   |  |                              | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. <b>Tax</b>       | refunds owed to you  |   |  |                              | ,   |
| □ No                 |  | and the built and a street and a street | and the state of t | d the change of              |   |
| ■ Y6                 | es. Give specific information about th   | em, including whether you alre          | eady filed the returns and   | d the tax years              |   |
|                      |  | Anticipated income tax year ending:     | refunds for tax  | Federal                      | Unknown   |
| Exa<br>■ No          | illy support amples: Past due or lump sum alimon bes. Give specific information                      | y, spousal support, child supp          | ort, maintenance, divord   | e settlement, property set   | lement  |
|                      | er amounts someone owes you<br>amples: Unpaid wages, disability insu<br>benefits; unpaid loans you m |   | nefits, sick pay, vacation   | pay, workers' compensat      | ion, Social Security  |
|                      | es. Give specific information  |   |  |                              |   |
|                      | rests in insurance policies<br>amples: Health, disability, or life insur                             | ance; health savings account (          | HSA); credit, homeown  | er's, or renter's insurance  |   |
|                      | es. Name the insurance company of e<br>Company n   |   | Beneficiar   | y:                           | Surrender or refund value:  |
| If yo                | interest in property that is due you are the beneficiary of a living trust neone has died.           |   |  | urrently entitled to receive | property because  |
| □ Ye                 | es. Give specific information  |   |  |                              |   |
| Exa                  | ms against third parties, whether of amples: Accidents, employment dispu                             |   |  | or payment                   |   |
| ■ No                 | os. Describe each claim  |   |  |                              |   |
| 34. <b>Oth</b>       | er contingent and unliquidated cla   | ims of every nature, includin           | g counterclaims of the   | e debtor and rights to set   | off claims  |
|                      | es. Describe each claim  |   |  |                              |   |
| Official F           | orm 106A/B   | Schedule A/B: F                         | Property   |                              | page 4  |

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|---|---------------------------------|
| Atipa Latrice Miller Case Hui   | Tibel (II known)                |
| 35. Any financial assets you did not already list   |                                 |
| ■ No  |                                 |
| ☐ Yes. Give specific information  |                                 |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have for Part 4. Write that number here                          |                                 |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |                                 |
|   |                                 |
| 37. Do you own or have any legal or equitable interest in any business-related property?  |                                 |
| ■ No. Go to Part 6.   |                                 |
| Yes. Go to line 38.   |                                 |
|   |                                 |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. |                                 |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related pr  | operty?                         |
| ■ No. Go to Part 7.   |                                 |
| ☐ Yes. Go to line 47.   |                                 |
|   |                                 |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  |                                 |
| 53. Do you have other property of any kind you did not already list?  |                                 |
| Examples: Season tickets, country club membership   |                                 |
| ■ No  |                                 |
| ☐ Yes. Give specific information  |                                 |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here   | \$0.00                          |
| OH. And the dollar value of all of your charles from Fart 1. Write that fluinder field imminimum.   | Ψ0.00                           |
| Part 8: List the Totals of Each Part of this Form   |                                 |
| 55. Part 1: Total real estate, line 2   | ¢0.00                           |
|   |                                 |
| 56. Part 2: Total vehicles, line 5 \$3,000.00  57. Part 3: Total personal and household items, line 15 \$1,200.00   |                                 |
| 58. Part 4: Total financial assets, line 36 \$1,400.00  |                                 |
| 59. Part 5: Total business-related property, line 45 \$0.00   |                                 |
| 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00  |                                 |
| 61. Part 7: Total other property not listed, line 54 + \$0.00   |                                 |
| 62. <b>Total personal property.</b> Add lines 56 through 61 <b>\$5,600.00</b> Copy pers   | sonal property total \$5,600.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62  | \$5,600.00                      |

Official Form 106A/B Schedule A/B: Property page 5

|                     |                          |                   | 111 1 11111. 1 1 111 11 |                                    |
|---------------------|--------------------------|-------------------|-------------------------|------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                         |                                    |
| Debtor 1            | Atiba Latrice Mille      | er                |                         |                                    |
|                     | First Name               | Middle Name       | Last Name               |                                    |
| Debtor 2            |                          |                   |                         |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name               |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS             |                                    |
| Case number         |                          |                   |                         |                                    |
| (if known)          |                          |                   |                         | Check if this is ar amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the<br>portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption   |
|---|-----------------------------------|---|--|
| Copy the value from<br>Schedule A/B     | Che                               | ck only one box for each exemption.                             |  |
| \$400.00                                |                                   | \$400.00  | 735 ILCS 5/12-1001(b)  |
|   |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$300.00                                |                                   | \$300.00  | 735 ILCS 5/12-1001(b)  |
|   |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$400.00                                |                                   | \$400.00  | 735 ILCS 5/12-1001(a)  |
|   |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$100.00                                |                                   | \$100.00  | 735 ILCS 5/12-1001(b)  |
|   |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$100.00                                |                                   | \$100.00  | 735 ILCS 5/12-1001(b)  |
|   |                                   | 100% of fair market value, up to any applicable statutory limit |  |
|   | \$400.00 \$100.00                 | \$400.00 \$100.00 \$100.00                                      | Check only one box for each exemption.  \$400.00  \$400.00  \$400.00  \$300.00  \$300.00  \$300.00  \$300.00  \$400.00  \$400.00  \$400.00  \$400.00  \$400.00  \$400.00  \$400.00  \$400.00  \$400.00  \$400.00  \$400.00  \$100% of fair market value, up to any applicable statutory limit  \$100.00  \$100% of fair market value, up to any applicable statutory limit  \$100.00  \$100% of fair market value, up to any applicable statutory limit  \$100.00  \$100% of fair market value, up to any applicable statutory limit |

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Case number (if known)

| <br>/ tiba Eati lee iiiiilei  |                                      |         |   |                                    |  |
|---|--------------------------------------|---------|---|------------------------------------|--|
| rief description of the property and line on chedule A/B that lists this property   | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|   | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |  |
| hecking: Bank Name:<br>account Number Ending:                                       | \$100.00                             |         | \$100.00  | 735 ILCS 5/12-1001(b)              |  |
| ine from Schedule A/B: 17.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| ecurity Deposit: Security Deposit leld By Landlord nicole thompson                  | \$1,200.00                           |         | \$1,200.00  | 735 ILCS 5/12-1001(b)              |  |
| ine from Schedule A/B: 22.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| ederal: Anticipated income tax efunds for tax year ending:                          | Unknown                              |         | \$0.00  | 735 ILCS 5/12-1001(b)              |  |
| ine from Schedule A/B: 28.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| re you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No |                                      |         | led on or after the date of adjustme                            | nt.)                               |  |
|   | ed by the exemption wi               | ithin 1 | ,215 days before you filed this case                            | ?                                  |  |
| □ No<br>□   |                                      |         |   |                                    |  |
| ☐ Yes   |                                      |         |   |                                    |  |

|  | Cas                                 | se 18-01671   |                                       | ed 01/20/18<br>ocument | Entere<br>Page 19 | d 01/20/18 18:   | 25:40 Desc N                                 | ⁄lain                       |
|--|-------------------------------------|---|---------------------------------------|------------------------|-------------------|--|--|-----------------------------|
| Filli  | n this inform                       | ation to identify you                                 |                                       |                        |                   |  |  |                             |
| Deb  | tor 1                               | Atiba Latrice Mi                                      | ller                                  |                        |                   |  |  |                             |
|  |                                     | First Name  | Middle Nam                            | ie                     | Last Name         |  |  |                             |
|  | tor 2<br>ise if, filing)            | First Name  | Middle Nam                            | e                      | Last Name         |  |  |                             |
| Unit   | ed States Ban                       | kruptcy Court for the:                                | NORTHERN                              | DISTRICT OF ILL        | LINOIS            |  |  |                             |
| (if kno  |                                     | 400D  |                                       |                        |                   |  | _  | if this is an<br>ded filing |
|  | <u>cial Form</u><br><b>hedule</b> l |   | Who Hav                               | e Claims               | Secure            | d by Propert   | y  | 12/15                       |
| s nee  |                                     |   |                                       |                        |                   | ually responsible for sun the top of any addition      |  |                             |
| 1. Do  | any creditors I                     | have claims secured by                                | your property?                        |                        |                   |  |  |                             |
| I  | ☐ No. Check                         | this box and submit th                                | his form to the cou                   | rt with your other     | schedules. Yo     | ou have nothing else to                                | report on this form.                         |                             |
| ı  | Yes. Fill in                        | all of the information I                              | below.                                |                        |                   |  |  |                             |
| Part   | 1 List All                          | Secured Claims  |                                       |                        |                   |  |  |                             |
|  |                                     | claims. If a creditor has r                           | more than one secur                   | ad claim list the cre  | ditor senarately  | Column A   | Column B                                     | Column C                    |
| for ea   | ach claim. If mo                    | ore than one creditor has st the claims in alphabetic | a particular claim, li                | st the other creditor  | s in Part 2. As   | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1  | Westlake I                          | Financial Srvs  | Describe the prop                     | erty that secures      | the claim:        | \$6,852.00   | \$3,000.00                                   | \$3,852.00                  |
|  | Creditor's Name                     |   | 2008 Saturn V                         | 'ue 95000 mile         | es .              |  |  |                             |
|  | Customer<br>Po Box 76<br>Los Angel  |   | As of the date you apply.  Contingent | ı file, the claim is:  | Check all that    |  |  |                             |
|  |                                     | City, State & Zip Code                                | Unliquidated                          |                        |                   |  |  |                             |
| Who  | owes the del                        | bt? Check one.  | Disputed  Nature of lien. C           | neck all that apply.   |                   |  |  |                             |
| ☐ Debtor 1 only ☐ An agreement you made (such as mortgage or secured car loan) |                                     |   |                                       |                        |                   |  |  |                             |
| _  | ebtor 1 and Del                     | btor 2 only   | ☐ Statutory lien (s                   | such as tax lien, me   | chanic's lien)    |  |  |                             |
| <b>■</b> A   | t least one of th                   | e debtors and another                                 | ☐ Judgment lien f                     | rom a lawsuit          |                   |  |  |                             |
|  | heck if this cla                    | nim relates to a                                      | Other (including                      | g a right to offset)   | Automobile        | 9  |  |                             |
|  |                                     | Opened<br>3/04/17<br>Last Active                      |                                       |                        |                   |  |  |                             |

Add the dollar value of your entries in Column A on this page. Write that number here: \$6,852.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$6,852.00

Last 4 digits of account number

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

3260

Date debt was incurred 12/17

|                            |  |   | Documer   | nt Page 20                                      | ) of 81  |                            |   |                |
|----------------------------|--|---|---|---|--|----------------------------|---|----------------|
| Fill                       | in this inform   | nation to identify your c   | ase:  |   |  |                            |   |                |
| Del                        | otor 1   | Atiba Latrice Mille   | r   |   |  |                            |   |                |
|                            |  | First Name  | Middle Name   | Last Name                                       |  |                            |   |                |
|                            | otor 2   | First Name  | Middle Masses   | LastNama  |  |                            |   |                |
| (Spc                       | ouse if, filing)   | First Name  | Middle Name   | Last Name                                       |  |                            |   |                |
| Uni                        | ted States Ba  | nkruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS                                     |  |                            |   |                |
| Cas                        | se number  |   |   |   |  |                            |   |                |
|                            | nown)  |   |   |   |  |                            | heck if this is a                       | ın             |
|                            |  |   |   |   |  | а                          | mended filing                           |                |
| <b>~</b> €                 |  | - 400E/E  |   |   |  |                            |   |                |
|                            | ficial Forn  |   | Ha Ha   |   |  |                            | 404                                     | _              |
|                            |  |   | no Have Unsecu  |   | Part 2 for creditors with NONPR  |                            | 12/1                                    |                |
| iche<br>iche<br>eft.<br>am | edule G: Execu<br>edule D: Credito<br>Attach the Con<br>e and case nun | tory Contracts and Unexpinors Who Have Claims Secutinuation Page to this pagenber (if known). | red Leases (Official Form 10<br>red by Property. If more spa<br>s. If you have no information | 06G). Do not include a<br>ace is needed, copy t | ontracts on Schedule A/B: Proj<br>any creditors with partially sect<br>he Part you need, fill it out, nur<br>lo not file that Part. On the top | ured claims<br>nber the en | that are listed in<br>tries in the boxe | n<br>es on the |
|                            |  | II of Your PRIORITY Uns   |   |   |  |                            |   |                |
| ١.                         |  | ors have priority unsecured   | ciaims against you?   |   |  |                            |   |                |
|                            | No. Go to P  | art 2.  |   |   |  |                            |   |                |
| Do                         | Yes.   | I of Your NONPRIORIT  | / Unacquired Claims   |   |  |                            |   |                |
|                            |  |   |   |   |  |                            |   |                |
| 3.                         |  | ors have nonpriority unsecu   |   |   |  |                            |   |                |
|                            | ☐ No. You hav  | ve nothing to report in this pa   | rt. Submit this form to the cou   | irt with your other sche                        | dules.   |                            |   |                |
|                            | Yes.   |   |   |   |  |                            |   |                |
| 4.                         | unsecured clair  | n, list the creditor separately   | for each claim. For each clain  | n listed, identify what ty                      | holds each claim. If a creditor hype of claim it is. Do not list claim three nonpriority unsecured claim                                       | s already inc              | cluded in Part 1. If                    | f more         |
|                            | _  |   |   |   |  |                            | Total claim                             |                |
| 4.1                        |  | eaa Rehabs  | Last 4 digits   | of account number                               | 8721   |                            |   | \$0.00         |
|                            |  | r Creditor's Name   |   |   | Opened 09/08 Last Act  | tivo                       |   |                |
|                            | Po Box   |   | When was th   | e debt incurred?                                | 12/07  | IIVE                       |   |                |
|                            |  | urg, PA 17105   |   |   |  |                            | _                                       |                |
|                            |  | treet City State Zlp Code   | As of the date  | e you file, the claim i                         | s: Check all that apply  |                            |   |                |
|                            | _  | rred the debt? Check one.   | _   |   |  |                            |   |                |
|                            | Debtor   | •   | Contingen   |   |  |                            |   |                |
|                            | ☐ Debtor   | ·   | ☐ Unliquidate   | ed  |  |                            |   |                |
|                            |  | 1 and Debtor 2 only   | ☐ Disputed  | PRIORITY  | 1.1.1.   |                            |   |                |
|                            |  | t one of the debtors and anot   | Па  | PRIORITY unsecured                              | i ciaim:   |                            |   |                |
|                            | ☐ Check<br>debt  | if this claim is for a comm   |   |   | ration agracement or diverse that  | rou did not                |   |                |
|                            |  | m subject to offset?  | report as prior   |   | ration agreement or divorce that y   | ou aid not                 |   |                |
|                            | ■ No   |   | Debts to p  | ension or profit-sharing                        | g plans, and other similar debts   |                            |   |                |
|                            | ☐ Yes  |   | ■ Other Spa   | acify   |  |                            |   |                |
|                            |  |   | — Other. Spe  |   |  |                            | _                                       |                |

Document Page 21 of 81 Debtor 1 Atiba Latrice Miller Case number (if know) 4.2 \$324.00 ARS/Account Resolution Specialist Last 4 digits of account number 6182 Nonpriority Creditor's Name Opened 03/16 Last Active Po Box 459079 When was the debt incurred? 02/15 Sunrise, FL 33345 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Sullivan Urgent Aid** ☐ Yes Other. Specify Centers Lt 4.3 **Capital One** Last 4 digits of account number 9649 \$194.00 Nonpriority Creditor's Name Opened 07/09 Last Active Attn: General Correspondence/Bankruptcy When was the debt incurred? 11/22/17 Po Box 30285 Salt Lake City, UT 84130 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.4 **Capital One** \$0.00 Last 4 digits of account number 1893 Nonpriority Creditor's Name Attn: General Opened 12/08 Last Active Correspondence/Bankruptcy When was the debt incurred? 03/09 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

■ No

debt

■ Other. Specify Credit Card

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Document Page 22 of 81 Debtor 1 Atiba Latrice Miller Case number (if know) 4.5 \$0.00 Citibank Last 4 digits of account number 7223 Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Opened 8/31/05 Last Active **Bankruptcy** When was the debt incurred? 9/30/11 Po Box 790040 S Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.6 Citibank Last 4 digits of account number 7222 \$0.00 Nonpriority Creditor's Name Opened 8/31/05 Last Active 701 East 60th Street North When was the debt incurred? 9/30/11 Sioux Falls, SD 57104 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.7 \$0.00 Citibank Last 4 digits of account number 7221 Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Opened 9/20/04 Last Active **Bankruptcy** When was the debt incurred? 9/30/11 Po Box 790040 S Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

**Educational** 

☐ Other. Specify

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Case number (if know)

| DODIC    | Atiba Latifice Williei  |  |   |            |
|----------|---|--|---|------------|
| 4.8      | Citibank  | Last 4 digits of account number          | 7220  | \$0.00     |
|          | Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129 | When was the debt incurred?              | Opened 9/20/04 Last Active 9/30/11            |            |
|          | Number Street City State Zlp Code   | As of the date you file, the claim       | is: Check all that apply                      |            |
|          | Who incurred the debt? Check one.   | Пол                                      |   |            |
|          | Debtor 1 only   | ☐ Contingent                             |   |            |
|          | Debtor 2 only   | ☐ Unliquidated                           |   |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecure | d claim:                                      |            |
|          | At least one of the debtors and another   | Student loans                            | a ciaiii.                                     |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                      | <u></u>                                  | aration agreement or divorce that you did not |            |
|          | ■ No  | ☐ Debts to pension or profit-sharin      | a plans, and other similar debts              |            |
|          |   | _  |   |            |
|          | Yes   | ☐ Other. Specify                         | .1  |            |
|          |   | Educationa                               | II .  |            |
| 4.9      | COMED (LIGHTS)  | Last 4 digits of account number          |   | \$224.51   |
|          | Nonpriority Creditor's Name 407 LUELLA CALUMET CITY, IL 60409                                       | When was the debt incurred?              | 12/1/2017                                     |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                                 | As of the date you file, the claim       |   |            |
|          | Debtor 1 only   | ☐ Contingent                             |   |            |
|          | Debtor 2 only   | ☐ Unliquidated                           |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed                               |   |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured            | d claim:                                      |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans                          |   |            |
|          | debt<br>Is the claim subject to offset?   | report as priority claims                | aration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing       | g plans, and other similar debts              |            |
|          | Yes   | Other. Specify                           |   |            |
| 4.1<br>0 | Credence Resource Management  | Last 4 digits of account number          | 5946  | \$1,491.00 |
|          | Nonpriority Creditor's Name Po Box 2300 Southgate, MI 48195   | When was the debt incurred?              | Opened 10/16                                  |            |
|          | Number Street City State Zlp Code   | As of the date you file, the claim       | is: Check all that apply                      |            |
|          | Who incurred the debt? Check one.   |  |   |            |
|          | Debtor 1 only   | ☐ Contingent                             |   |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated                           |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed                               |   |            |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure             |   |            |
|          | ☐ Check if this claim is for a community debt   |  | aration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?  ■  | report as priority claims                | a place and other similar 4-14-               |            |
|          | ■ No  | Debts to pension or profit-sharin        | <del>-</del> •                                |            |
|          | ☐ Yes   | ■ Other. Specify Collection              | Attorney At I                                 |            |

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Official Form 106 E/F

debt

■ No

☐ Yes

Type of NONPRIORITY unsecured claim:

☐ Obligations arising out of a separation agreement or divorce that you did not

■ Other. Specify Government Unsecured Guarantee Loan

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Document Page 25 of 81 Case number (if know) Debtor 1 Atiba Latrice Miller 4.1 Diversified Consultants, Inc. 9335 \$346.00 Last 4 digits of account number 4 Nonpriority Creditor's Name Diversified Consultants, Inc. Opened 04/16 Last Active Po Box 551268 When was the debt incurred? 06/14 Jacksonville, FL 32255 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Comcast 4.1 **Equifax** \$0.00 Last 4 digits of account number 5 Nonpriority Creditor's Name When was the debt incurred? Attn: Bankruptcy Dept. P.O. Box 740241 Atlanta, GA 30374 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Notice Only ☐ Yes 4.1 \$3,000.00 6 Last 4 digits of account number Nonpriority Creditor's Name 1600 torrence When was the debt incurred? 02/16/2016 calumet city, IL 60409 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No ☐ Yes  $\square$  Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

Other. Specify er visit

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debtor 1 Atiba Latrice Miller Case number (if know) 4.1 Experian \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? P.O. Box 2002 Allen, TX 75013 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Notice Only 4.1 Fed Loan Servicing 0001 \$19,346.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 08/09 Last Active Po Box 60610 When was the debt incurred? 11/30/17 Harrisburg, PA 17106 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other, Specify Educational 4.1 **Fed Loan Servicing** 0004 \$5,745.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Opened 09/08 Last Active Po Box 60610 When was the debt incurred? 11/30/17 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Educational

Other. Specify

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Case number (if know)

Debtor 1 Atiba Latrice Miller 4.2 **Fed Loan Servicing** 0003 \$5,579.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 09/08 Last Active Po Box 60610 When was the debt incurred? 11/30/17 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.2 FedLoan Servicing 0002 \$2,169.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 08/10 Last Active Po Box 60610 When was the debt incurred? 11/30/17 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.2 Harris & Harris 2620 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 111 W Jackson Blvd Opened 10/11/14 Last Active Suite 400 When was the debt incurred? 02/14 Chicago, IL 60604 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Debt Franciscan St M ☐ Yes

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Debtor 1 Atiba Latrice Miller Case number (if know) 4.2 JP Morgan Chase 4870 \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 05/08 Last Active Attn: Bankruptcy Po Box 15298 When was the debt incurred? 7/31/12 Wlmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other, Specify Government Unsecured Guarantee Loan 4.2 Komyatte & Casbon, PC 3206 \$106.00 Last 4 digits of account number Nonpriority Creditor's Name **Attn: Collections Department** Opened 7/02/14 When was the debt incurred? 9650 Gordon Drive Highland, IN 46322 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical ☐ Yes 4.2 **Nationwide Cassel LIc** 8154 \$6,103.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/16 Last Active 3435 N Cicero Ave When was the debt incurred? 11/13/17 Chicago, IL 60641 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Automobile T Yes

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Case number (if know) Debtor 1 Atiba Latrice Miller 4.2 Navient 0530 \$1,861.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy Opened 05/08 Last Active Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.2 Navient 0920 \$7,657.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/07 Last Active Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.2 **Navient** 0518 \$2,291.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 05/07 Last Active Attn: Bankruptcy Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes ☐ Other. Specify

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Educational

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Debtor 1 Atiba Latrice Miller Case number (if know) 4.2 Navient 0815 \$7,759.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/06 Last Active Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.3 Navient 0519 \$1,412.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Opened 05/06 Last Active Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.3 **Navient** 0906 \$5,686.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/05 Last Active Attn: Bankruptcy Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No

☐ Yes

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☐ Other. Specify

Document Page 31 of 81 Case number (if know) Debtor 1 Atiba Latrice Miller 4.3 Navient 0923 \$2,930.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/04 Last Active Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.3 Navient 0530 \$1,961.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn: Bankruptcy Opened 05/08 Last Active Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.3 **Navient** 0920 \$5,226.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/07 Last Active Attn: Bankruptcy Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No

☐ Yes

Educational

☐ Other. Specify

Document Page 32 of 81 Case number (if know) Debtor 1 Atiba Latrice Miller 4.3 \$7,200.00 Navient 0815 Last 4 digits of account number 5 Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/06 Last Active Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.3 Navient 0519 \$2,217.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy Opened 05/06 Last Active Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.3 **Navient** 0906 \$3,802.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/05 Last Active Attn: Bankruptcy Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

☐ Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Atiba Latrice Miller Case number (if know) 4.3 Navient 0923 \$1,901.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/04 Last Active Po Box 9500 When was the debt incurred? 11/30/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.3 **Penn Credit** 5529 \$200.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn:Bankruptcy When was the debt incurred? Opened 10/09/12 Po Box 988 Harrisburg, PA 17108 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify 01 Village Of South Holland II ☐ Yes 4.4 SIc Conduit I LIc 7232 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Citibank USA, N.A Opened 4/18/08 Last Active Po Box 6191 When was the debt incurred? 9/30/11 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Educational

☐ Other. Specify

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Debtor 1 Atiba Latrice Miller Case number (if know) 4.4 SIc Conduit I LIc 7231 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Citibank USA, N.A Opened 4/18/08 Last Active Po Box 6191 When was the debt incurred? 9/30/11 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.4 SIc Conduit I LIc 7230 \$0.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Citibank USA, N.A Opened 9/04/07 Last Active Po Box 6191 When was the debt incurred? 9/30/11 Sioux Falls, SD 57117 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.4 SIc Conduit I LIc 7229 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 9/04/07 Last Active Citibank USA, N.A Po Box 6191 When was the debt incurred? 9/30/11 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes ☐ Other. Specify

Official Form 106 E/F

Educational

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Debtor 1 Atiba Latrice Miller Case number (if know) 4.4 SIc Conduit I LIc 7228 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Citibank USA, N.A Opened 5/04/07 Last Active Po Box 6191 When was the debt incurred? 9/30/11 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.4 SIc Conduit I LIc 7227 \$0.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Citibank USA, N.A Opened 7/24/06 Last Active Po Box 6191 When was the debt incurred? 9/30/11 Sioux Falls, SD 57117 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.4 SIc Conduit I LIc 7226 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 7/24/06 Last Active Citibank USA, N.A Po Box 6191 When was the debt incurred? 9/30/11 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No

Official Form 106 E/F

☐ Yes

Educational

☐ Other. Specify

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| Debto    | Atiba Latrice Miller  |   | Case number (if know)                         |               |
|----------|---|---|---|---------------|
| 4.4      | SIc Conduit I LIc   | Last 4 digits of account number   | 7225  | \$0.00        |
| 7        | Nonpriority Creditor's Name Citibank USA, N.A Po Box 6191                                   | When was the debt incurred?   | Opened 5/16/06 Last Active 9/30/11            | <b>V</b> 0.00 |
|          | Sioux Falls, SD 57117  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |   |               |
|          | ■ Debtor 1 only   |   |   |               |
|          | Debtor 2 only   | ☐ Unliquidated  |   |               |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |   |               |
|          | ☐ At least one of the debtors and another   |   |   |               |
|          | ☐ Check if this claim is for a community  | Student loans   |   |               |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |               |
|          | ■ No  | Debts to pension or profit-sharing  | ng plans, and other similar debts             |               |
|          | ☐ Yes   | Other. Specify  |   |               |
|          |   | Educationa  | al  |               |
| 4.4<br>8 | SIc Conduit I LIc  Nonpriority Creditor's Name  | Last 4 digits of account number   | 7224  | \$0.00        |
|          | Citibank USA, N.A Po Box 6191 Sioux Falls, SD 57117   | When was the debt incurred?   | Opened 5/16/06 Last Active 9/30/11            |               |
|          | Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all that apply                      |               |
|          | Who incurred the debt? Check one.   |   |   |               |
|          | Debtor 1 only   | Contingent  |   |               |
|          | Debtor 2 only   | Unliquidated  |   |               |
|          | ☐ Debtor 1 and Debtor 2 only  | Disputed  |   |               |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |   |               |
|          | ☐ Check if this claim is for a community debt   | ■ Student loans   |   |               |
|          | Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |               |
|          | No  | Debts to pension or profit-sharing  | ng plans, and other similar debts             |               |
|          | ☐ Yes   | Other. Specify  |   |               |
|          |   | Educationa  | al  |               |
| 4.4      | Transunion  |   |   | ¢0.00         |
| 9        | Nonpriority Creditor's Name   | Last 4 digits of account number   |   | \$0.00        |
|          | Attn: Bankruptcy Dept.<br>P.O. Box 1000   | When was the debt incurred?   |   |               |
|          | Crum Lynne, PA 19022  Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |   |               |
|          | Debtor 1 only   | ☐ Contingent  |   |               |
|          | Debtor 2 only   | ☐ Unliquidated  |   |               |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |               |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |   |               |
|          | ☐ Check if this claim is for a community debt   |   | aration agreement or divorce that you did not |               |
|          | Is the claim subject to offset?   | report as priority claims   |   |               |
|          | No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |   |               |

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Notice Only

☐ Yes

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Atiba Latrice Miller

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>84,742.00 |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>13,668.51 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>98,410.51 |

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|                     |                          | I A A d III I I I I |             |                                   |
|---------------------|--------------------------|---------------------|-------------|-----------------------------------|
| Fill in this infor  | mation to identify your  | case:               |             |                                   |
| Debtor 1            | Atiba Latrice Mill       | er                  |             |                                   |
|                     | First Name               | Middle Name         | Last Name   |                                   |
| Debtor 2            |                          |                     |             |                                   |
| (Spouse if, filing) | First Name               | Middle Name         | Last Name   |                                   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT   | OF ILLINOIS |                                   |
| Case number         |                          |                     |             |                                   |
| (if known)          |                          |                     |             | ☐ Check if this is amended filing |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 nicole thompson 407 luella calumet city, IL 60409 Case 18-01671 Doc 1 Filed 01/20/18 Entered 01/20/18 18:25:40 Desc Main

|                                       |  | Document   | Page 39 of 81   |  |                                    |
|---------------------------------------|--|--|---|--|------------------------------------|
| Fill in thi                           | s information to identify your   | case:  |   |  |                                    |
| Debtor 1                              | Atiba Latrice Mill   | er   |   |  |                                    |
| <b>.</b>                              | First Name   | Middle Name  | Last Name   |  |                                    |
| Debtor 2<br>(Spouse if, fi            | ling) First Name   | Middle Name  | Last Name   |  |                                    |
| United St                             | ates Bankruptcy Court for the:   | NORTHERN DISTRICT OF   | ILLINOIS  |  |                                    |
| Case nun                              | nber   |  |   |  | Check if this is an amended filing |
|                                       | al Form 106H<br>dule H: Your Cod   | ebtors   |   |  | 12/15                              |
| people ar<br>fill it out,<br>your nam | s are people or entities who a<br>e filing together, both are equ<br>and number the entries in the<br>e and case number (if known<br>o you have any codebtors? (If | ally responsible for supplyin<br>boxes on the left. Attach the<br>Answer every question. | ng correct information. If<br>a Additional Page to this | more space is needed, copy<br>page. On the top of any Add                  | y the Additional Page,             |
| □ No                                  |  |  |   |  |                                    |
| ■ Ye                                  | es   |  |   |  |                                    |
|                                       | thin the last 8 years, have you<br>na, California, Idaho, Louisiana  |  |   |  | territories include                |
| ■ No                                  | o. Go to line 3.   |  |   |  |                                    |
| □ Ye                                  | es. Did your spouse, former spo  | use, or legal equivalent live wit  | h you at the time?                                      |  |                                    |
| in lin<br>Form                        | olumn 1, list all of your codeb<br>le 2 again as a codebtor only<br>n 106D), Schedule E/F (Officia<br>Column 2.  | if that person is a guarantor  | or cosigner. Make sure y                                | ou have listed the creditor o  | on Schedule D (Official            |
|                                       | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z   | IP Code  |   | Column 2: The creditor to who check all schedules that apply:              |                                    |
| 3.1                                   | Anthony Holland<br>722 E. 157th Place<br>South Holland, IL 60473   |  |   | Schedule D, line 2.1 Schedule E/F, line Schedule G Vestlake Financial Srvs | <del>_</del>                       |

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|                    |  |                              |                            |                           |          |       | _              |           |   |                      |  |
|--------------------|--|------------------------------|----------------------------|---------------------------|----------|-------|----------------|-----------|---|----------------------|--|
| Fill               | in this information to identify your ca  | ase:                         |                            |                           |          |       |                |           |   |                      |  |
| Deb                | otor 1 Atiba Latrice   | Miller                       |                            |                           |          | _     |                |           |   |                      |  |
|                    | otor 2<br>ouse, if filing)   |                              |                            |                           |          | _     |                |           |   |                      |  |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC           | CT OF ILLI                 | NOIS                      |          |       |                |           |   |                      |  |
| (If kr             | se number  |                              | -                          |                           |          |       | ☐ An           |           | d filing<br>ent showing<br>as of the foll |                      |  |
|                    | fficial Form 106I  |                              |                            |                           |          |       | MM             | 1 / DD/ Y | YYY                                       |                      |  |
| S                  | chedule I: Your Inc  | ome                          |                            |                           |          |       |                |           |   |                      | 12/1   |
| spo<br>atta<br>Par | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  1: Describe Employment | r spouse is not filing wi    | ith you, do                | not include               | infor    | mati  | on about y     | our spo   | use. If mor                               | e space is           | needed,                                      |
| 1.                 | Fill in your employment information.   |                              | Debtor                     | 1                         |          |       | ı              | Debtor 2  | or non-fili                               | ng spouse            | •  |
|                    | If you have more than one job,   | Employment status            | ■ Employed                 |                           |          |       | I              | ☐ Emplo   | oyed                                      |                      |  |
|                    | attach a separate page with information about additional   | Employment status            | □ Not e                    | employed                  |          |       | ĺ              | ☐ Not er  | mployed                                   |                      |  |
|                    | employers.   | Occupation                   | infant teacher @\$13.95/hr |                           |          |       |                |           |   |                      |  |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name              | kinder                     | care                      |          |       |                |           |   |                      |  |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address           |                            | . State st<br>o, IL 60605 |          |       |                |           |   |                      |  |
|                    |  | How long employed to         | here?                      | 19 Years                  | , 5 Mc   | nth   | s              | _         |   |                      |  |
| Par                | t 2: Give Details About Mor  | nthly Income                 |                            |                           |          |       |                |           |   |                      |  |
|                    | mate monthly income as of the dause unless you are separated.  | ate you file this form. If y | you have r                 | nothing to rep            | ort for  | any   | line, write \$ | 0 in the  | space. Inclu                              | ude your no          | on-filing                                    |
|                    | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                              | ombine the                 | information f             | or all e | emplo | oyers for th   | at perso  | n on the line                             | es below. If         | you need                                     |
|                    |  |                              |                            |                           |          |       | For Debt       | or 1      | For Debt                                  | tor 2 or<br>g spouse |  |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |                              |                            |                           | 2.       | \$    | 2,4            | 19.99     | \$  | N/A                  | <del>-</del>                                 |
| 3.                 | Estimate and list monthly overt  | ime pay.                     |                            |                           | 3.       | +\$   |                | 22.69     | +\$                                       | N/A                  | <u>.                                    </u> |

2,442.68

N/A

Calculate gross Income. Add line 2 + line 3.

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| Debtor 1 |               | Atiba Latrice Miller  | =          | Case      | e number (if known) |           |                           |                    |
|----------|---------------|---|------------|-----------|---------------------|-----------|---------------------------|--------------------|
|          |               |   |            | Fo        | or Debtor 1         |           | ebtor 2 or<br>ling spouse |                    |
|          | Cop           | y line 4 here   | 4.         | \$        | 2,442.68            | \$        | N/A                       | <u>\</u>           |
| 5.       | List          | all payroll deductions:   |            |           |                     |           |                           |                    |
|          | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.        | \$        | 501.22              | \$        | N/A                       | 1                  |
|          | 5b.           | Mandatory contributions for retirement plans  | 5b.        | \$        | 0.00                | \$        | N/A                       |                    |
|          | 5c.           | Voluntary contributions for retirement plans  | 5c.        | \$        | 0.00                | \$        | N/A                       | <u>\</u>           |
|          | 5d.           | Required repayments of retirement fund loans  | 5d.        | \$        | 0.00                | \$        | N/A                       | 1                  |
|          | 5e.           | Insurance   | 5e.        | \$_       | 135.40              | \$        | N/A                       |                    |
|          | 5f.           | Domestic support obligations Union dues   | 5f.        | \$<br>\$  | 0.00                | \$        | N/A                       |                    |
|          | 5g.<br>5h.    | Other deductions. Specify: critical ilness  | 5g.<br>5h  |           | 0.00<br>10.36       | · -       | N/A<br>N/A                |                    |
|          | 011.          | dental  | _ 011.     | ΄ \$_     | 22.97               | ` \$      | N/A                       |                    |
|          |               | Total Other Deductions  | _          | \$        | 45.85               | \$        | N/A                       |                    |
| 6.       | Add           | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | <br>6.     | \$        | 715.80              | \$        | N/A                       | _                  |
| 7.       |               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$        | 1,726.88            | \$        | N/A                       |                    |
| 8.       |               | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.         |            | `=        |                     | · <u></u> |                           |                    |
|          | 8b.           | Interest and dividends  | 8a.<br>8b. | \$_<br>\$ | 0.00                | \$<br>\$  | N/A<br>N/A                |                    |
|          | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |            | \$_<br>\$ | 0.00                | \$        | N/A                       | _                  |
|          | 8d.           | Unemployment compensation   | 8d.        | \$        | 0.00                | \$        | N/A                       |                    |
|          | 8e.           | Social Security   | 8e.        | \$        | 0.00                | \$        | N/A                       | <del>\</del>       |
|          | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: rent assistance | e 8f.      | \$_       | 610.00              | \$        | N/A                       | <u> </u>           |
|          |               | Food Stamps   |            | \$        | 300.00              | \$        | N/A                       | 1                  |
|          | 8g.           | Pension or retirement income  | <br>8g.    | \$        | 0.00                | \$        | N/A                       |                    |
|          | 8h.           | Other monthly income. Specify:  | 8h.+       | + \$ _    | 0.00                | + \$      | N/A                       | <u>\</u>           |
| 9.       | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$_       | 910.00              | \$        | N/                        | <b>/</b> A         |
| 10.      |               | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$     |           | 2,636.88 + \$_      |           | <b>N/A</b> = \$           | 2,636.88           |
| 11.      | Inclu<br>othe | te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not acify:           | deper      |           |                     |           | nedule J.<br>11. +\$      | 0.00               |
| 12.      |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |            |           |                     |           | 12. \$                    | 2,636.88           |
| 13.      | Do y          | you expect an increase or decrease within the year after you file this form   | ?          |           |                     |           | Comb<br>month             | ined<br>nly income |

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| Fill         | n this informa          | tion to identify yo                  | ur case:      |   |                      | 1           |                   |   |
|--------------|-------------------------|--------------------------------------|---------------|---|----------------------|-------------|-------------------|---|
| Debt         |                         | Atiba Latrice                        |               |   |                      | Ch          | eck if this is:   |   |
| Debt         | .01 1                   | Atiba Latrice                        | willer        |   |                      |             | An amended filing |   |
| Debt<br>(Spo | or 2<br>use, if filing) |                                      |               |   |                      |             |                   | wing postpetition chapter the following date: |
| ` '          | , 5,                    |                                      |               | .=====  | 0.0                  |             |                   |   |
| Unite        | ed States Bankr         | uptcy Court for the:                 | NORTH         | IERN DISTRICT OF ILLIN  | OIS                  |             | MM / DD / YYYY    |   |
| 1            | e number<br>nown)       |                                      |               |   |                      |             |                   |   |
| Of           | ficial Fo               | rm 106J                              |               |   |                      |             |                   |   |
| Sc           | hedule                  | J: Your I                            | Exper         | ises  |                      |             |                   | 12/1  |
| info         | rmation. If m           |                                      | eded, atta    | . If two married people ar<br>ich another sheet to this<br>n. |                      |             |                   |   |
| Part         | 1: Descr                | ibe Your House                       | hold          |   |                      |             |                   |   |
| 1.           | Is this a joir          | t case?                              |               |   |                      |             |                   |   |
|              | ■ No. Go to             |                                      |               | ata bassada NO  |                      |             |                   |   |
|              |                         | s Debtor 2 live i                    | n a separ     | ate nousehold?  |                      |             |                   |   |
|              |                         |                                      | t file Offici | al Form 106J-2, Expenses                                      | for Separate House   | ehold of De | ebtor 2.          |   |
| 2.           |                         | e dependents?                        | _             | , ,   |                      |             |                   |   |
| ۷.           | Do not list Do          | •                                    | □ No          | Fill out this information for                                 | Dependent's relat    | ionahin ta  | Donandantia       | Does dependent                                |
|              | Debtor 2.               | ebior r and                          | Yes.          | each dependent  | Debtor 1 or Debto    |             | Dependent's age   | live with you?                                |
|              | Do not state            | the                                  |               |   |                      |             |                   | □ No  |
|              | dependents              |                                      |               |   | son                  |             | 10                | ■ Yes   |
|              |                         |                                      |               |   | Daughtor             |             | 43                | □ No  |
|              |                         |                                      |               |   | Daughter             |             | 13                | ■ Yes<br>□ No                                 |
|              |                         |                                      |               |   |                      |             |                   | ☐ Yes   |
|              |                         |                                      |               |   |                      |             |                   | □ No  |
| _            | _                       |                                      |               |   |                      |             |                   | ☐ Yes   |
| 3.           |                         | enses include<br>f people other th   | nan           | No  |                      |             |                   |   |
|              |                         | d your depender                      |               | Yes   |                      |             |                   |   |
| Part         | 2: Estim                | ate Your Ongoir                      | ng Month      | v Expenses  |                      |             |                   |   |
| exp          |                         |                                      |               | uptcy filing date unless y<br>y is filed. If this is a supp   |                      |             |                   |   |
| the          |                         | n assistance and                     |               | government assistance i<br>cluded it on <i>Schedule I:</i> )  |                      |             | Your exp          | enses   |
| (011         | iciai i oiiii io        | 01.)                                 |               |   |                      |             |                   |   |
| 4.           |                         | r home ownersl<br>d any rent for the |               | ses for your residence. In<br>or lot.                         | nclude first mortgag | e<br>4.     | \$                | 1,200.00                                      |
|              | If not includ           | ed in line 4:                        |               |   |                      |             |                   |   |
|              | 4a. Real e              | state taxes                          |               |   |                      | 4a.         | \$                | 0.00  |
|              |                         | rty, homeowner's                     |               |   |                      | 4b.         | \$                | 0.00  |
|              |                         |                                      |               | upkeep expenses   |                      | 4c.         | ·                 | 0.00  |
| 5.           |                         | owner's associati<br>nortgage payme  |               | dominium dues<br>our residence, such as ho                    | me equity loans      | 4d.<br>5.   | ·                 | 0.00  |

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|                            | Atiba Latrice Miller  | Case num     | ber (if known) |                        |
|----------------------------|---|--------------|----------------|------------------------|
| . Utili                    | ties:   |              |                |                        |
| . 6a.                      | Electricity, heat, natural gas  | 6a.          | \$             | 100.00                 |
| 6b.                        | Water, sewer, garbage collection  | 6b.          | \$             | 0.00                   |
| 6c.                        | Telephone, cell phone, Internet, satellite, and cable services  | 6c.          | ·              | 270.00                 |
| 6d.                        | Other. Specify:   | 6d.          | ·              | 0.00                   |
|                            | d and housekeeping supplies   | 7.           | ·              | 350.00                 |
|                            | dcare and children's education costs  | 7.<br>8.     | \$             |                        |
| _                          |   | o.<br>9.     | *              | 100.00                 |
|                            | hing, laundry, and dry cleaning   |              | \$             | 50.00                  |
|                            | sonal care products and services  | 10.          | \$             | 93.00                  |
|                            | lical and dental expenses   | 11.          | \$             | 0.00                   |
|                            | nsportation. Include gas, maintenance, bus or train fare. not include car payments.   | 12.          | \$             | 64.00                  |
|                            | ertainment, clubs, recreation, newspapers, magazines, and books   | 13.          | ·              | 0.00                   |
|                            | ritable contributions and religious donations   | 14.          | ·              | 0.00                   |
| 4. Ciia<br>5. <b>Ins</b> u | _   | 14.          | Φ              | 0.00                   |
|                            | not include insurance deducted from your pay or included in lines 4 or 20.  |              |                |                        |
|                            | Life insurance  | 15a.         | \$             | 0.00                   |
|                            | Health insurance  | 15b.         | ·              | 0.00                   |
|                            | Vehicle insurance   | 15b.<br>15c. | · ———          | 109.00                 |
|                            | Other insurance. Specify:   | 15d.         |                |                        |
|                            |   | 13u.         | Φ              | 0.00                   |
| o. raxe<br>Spec            | es. Do not include taxes deducted from your pay or included in lines 4 or 20.   | 16.          | \$             | 0.00                   |
|                            | allment or lease payments:  |              | Ψ              | 0.00                   |
|                            | Car payments for Vehicle 1  | 17a.         | \$             | 0.00                   |
|                            | Car payments for Vehicle 2  | 17b.         | ·              | 0.00                   |
|                            | Other. Specify:   | 17c.         | ·              | 0.00                   |
|                            | Other. Specify:   | 17d.         | ·              | 0.00                   |
|                            | r payments of alimony, maintenance, and support that you did not report as  | 17u.         | Ψ              | 0.00                   |
|                            | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.          | \$             | 0.00                   |
|                            | er payments you make to support others who do not live with you.  |              | \$             | 0.00                   |
| Spec                       |   | 19.          |                |                        |
|                            | er real property expenses not included in lines 4 or 5 of this form or on Scheo   |              | our Income.    |                        |
|                            | Mortgages on other property   | 20a.         |                | 0.00                   |
|                            | Real estate taxes   | 20b.         | ·              | 0.00                   |
|                            | Property, homeowner's, or renter's insurance  | 20c.         | · —            | 0.00                   |
|                            | Maintenance, repair, and upkeep expenses  | 20d.         |                | 0.00                   |
|                            | Homeowner's association or condominium dues   | 20e.         |                | 0.00                   |
|                            | er: Specify:  | 21.          | · -            | 0.00                   |
| . Othe                     | er. Specily.  |              | ΤΦ             | 0.00                   |
| 2. Calc                    | culate your monthly expenses  |              |                |                        |
| 22a.                       | Add lines 4 through 21.   |              | \$             | 2,336.00               |
| 22b.                       | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$             |                        |
| 22c.                       | Add line 22a and 22b. The result is your monthly expenses.  |              | \$             | 2,336.00               |
|                            |   |              | _              | 2,000.00               |
|                            | culate your monthly net income.   |              |                |                        |
|                            | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.         |                | 2,636.88               |
| 23b.                       | Copy your monthly expenses from line 22c above.   | 23b.         | -\$            | 2,336.00               |
|                            |   |              |                |                        |
| 23c.                       | Subtract your monthly expenses from your monthly income.  | 00-          | •              | 300.88                 |
|                            | The result is your monthly net income.  | 23c.         | \$             | 300.00                 |
|                            | ou expect an increase or decrease in your expenses within the year after you  | u filo 4h!-  | form?          |                        |
| 4 P==                      |   | u tue this   | iorm?          |                        |
|                            |   |              |                | or decrease because of |
| For e                      | example, do you expect to finish paying for your car loan within the year or do you expect your   |              |                | or decrease because of |
| For e                      | example, do you expect to finish paying for your car loan within the year or do you expect your fication to the terms of your mortgage? |              |                | or decrease because of |

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| Fill in this info                | ormation to identify your                            | case:                     |                           |                          |   |
|----------------------------------|--|---------------------------|---------------------------|--------------------------|---|
| Debtor 1                         | Atiba Latrice Mil                                    | er                        |                           |                          |   |
|                                  | First Name   | Middle Name               | Last Name                 |                          |   |
| Debtor 2<br>(Spouse if, filing)  | First Name   | Middle Name               | Last Name                 |                          |   |
| United States I                  | Bankruptcy Court for the:                            | NORTHERN DISTRICT (       | OF ILLINOIS               |                          |   |
| Case number<br>(if known)        |  |                           |                           |                          | ☐ Check if this is an amended filing                                    |
| Official Fo                      | rm 106Dec  |                           |                           |                          |   |
| Declara                          | ation About a  | an Individual I           | Debtor's Sc               | hedules                  | 12/15   |
| obtaining mon<br>years, or both. |  | n connection with a bankr |                           |                          | ment, concealing property, or<br>), or imprisonment for up to 20        |
| Did you լ                        | pay or agree to pay some                             | eone who is NOT an attorn | ey to help you fill out b | pankruptcy forms?        |   |
| ■ No                             |  |                           |                           |                          |   |
| ☐ Yes.                           | Name of person                                       |                           |                           |                          | ruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                                  | nalty of perjury, I declare<br>are true and correct. | that I have read the summ | nary and schedules file   | ed with this declaration | n and   |
| X /s/ At                         | tiba Latrice Miller                                  |                           | X                         |                          |   |
|                                  | a Latrice Miller<br>ture of Debtor 1                 |                           | Signature of              | Debtor 2                 |   |

Date

Date **January 20, 2018** 

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| Fill in this inform   | ation to identify your   | case:                     |                             |                                      |   |
|---|--|---------------------------|-----------------------------|--------------------------------------|---|
| Debtor 1  | Atiba Latrice Mille  | er                        |                             |                                      |   |
|   | First Name   | Middle Name               | Last Name                   |                                      |   |
| Debtor 2<br>(Spouse if, filing)                             | First Name   | Middle Name               | Last Name                   |                                      |   |
| 10 C                     |  |                           |                             | 0                                    |   |
| United States Ban   | kruptcy Court for the:   | NORTHERN DISTRICT         | OF ILLINOIS                 |                                      |   |
| Case number   |  |                           |                             | *                                    |   |
| (if known)  |  |                           |                             |                                      | ☐ Check if this is an amended filing  |
| If two married peo<br>You must file this<br>obtaining money | ople are filing together   | n connection with a bank  | nsible for supplying corr   |                                      | concealing property, or mprisonment for up to 20  |
|   | Below or agree to pay some   | one who is NOT an attori  | ney to help you fill out ba | ankruptcy forms?                     |   |
| ■ No  |  |                           |                             |                                      |   |
| ☐ Yes. Na   | ame of person  |                           |                             |                                      | Petition Preparer's Notice,<br>Signature (Official Form 119)  |
|   |  |                           |                             | to see such a constant of the second | go-transported and American and the Control of the |
| that they are  X /s/ Atiba  Atiba La                        | y of perjury, I declare<br>true and correct.<br>a Latrice Miller<br>atrice Miller<br>e of Debtor 1 | that I have read the sumr | xSignature of [             | d with this declaration and          |   |
|   |  |                           |                             |                                      |   |

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| Fill in  | this inform                   | ation to identify you  | r case:                                    |   |   |   |  |  |  |  |  |
|----------|-------------------------------|--|--|---|---|---|--|--|--|--|--|
| Debto    | or 1                          | Atiba Latrice Mi   | ler  |   |   |   |  |  |  |  |  |
|          | _                             | First Name   | Middle Name                                | Last Name   |   |   |  |  |  |  |  |
| (Spous   | or 2<br>e if, filing)         | First Name   | Middle Name                                | Last Name   |   |   |  |  |  |  |  |
| Unite    | d States Ban                  | kruptcy Court for the:   | NORTHERN DISTRICT (                        | OF ILLINOIS   |   |   |  |  |  |  |  |
|          |                               |  |  | <u> </u>  |   |   |  |  |  |  |  |
| (if know | number                        |  |  |   | _   | Check if this is an mended filing                     |  |  |  |  |  |
| Offi     | cial For                      | m 107  |  |   |   |   |  |  |  |  |  |
|          |                               |  | Affairs for Indivi                         | duals Filing for B  | ankruptcy   | 4/10  |  |  |  |  |  |
| inform   | nation. If mo                 | ore space is needed,<br>. Answer every que                                     | attach a separate sheet to                 | this form. On the top of any  | equally responsible for sup<br>y additional pages, write you    |   |  |  |  |  |  |
|          |                               | current marital statu  |  | 21100 201010  |   |   |  |  |  |  |  |
| _        |                               |  |  |   |   |   |  |  |  |  |  |
|          | Not marr                      | ed   |  |   |   |   |  |  |  |  |  |
| 2. D     | ouring the la                 | uring the last 3 years, have you lived anywhere other than where you live now? |  |   |   |   |  |  |  |  |  |
|          | ■ No<br>□ Yes. List           | all of the places you I  | ived in the last 3 years. Do no            | ot include where you live now   | <i>l</i> .  |   |  |  |  |  |  |
| ı        | Debtor 1 Price                | or Address:  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | dress:  | Dates Debtor 2<br>lived there                         |  |  |  |  |  |
|          |                               |  |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |  |  |  |  |  |
|          | No                            |  |  |   |   |   |  |  |  |  |  |
|          | Yes. Mak                      | e sure you fill out Sci  | hedule H: Your Codebtors (O                | fficial Form 106H).   |   |   |  |  |  |  |  |
| Part 2   | Explain                       | the Sources of You   | r Income                                   |   |   |   |  |  |  |  |  |
| F        | ill in the total              | amount of income yo  | u received from all jobs and a             | ng a business during this yeall businesses, including parter together, list it only once ur |   | ndar years?   |  |  |  |  |  |
|          | ] No                          |  |  |   |   |   |  |  |  |  |  |
|          | Yes. Fill i                   | n the details.   |  |   |   |   |  |  |  |  |  |
|          |                               |  | Debtor 1                                   |   | Debtor 2  |   |  |  |  |  |  |
|          |                               |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                       | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |
|          | ast calendar<br>lary 1 to Dec | year:<br>ember 31, 2017 )  | ■ Wages, commissions, bonuses, tips        | \$22,360.86   | ☐ Wages, commissions, bonuses, tips                             |   |  |  |  |  |  |
|          |                               |  | ☐ Operating a business                     |   | ☐ Operating a business  |   |  |  |  |  |  |

Official Form 107

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|     |                      |                                      |                             |                            |   | _  |  |  |  |  |                            |   |
|-----|----------------------|--------------------------------------|-----------------------------|----------------------------|---|--|--|--|--|--|----------------------------|---|
|     |                      |                                      |                             |                            |   | Debtor 1                                     |  |  |  | Debtor 2   |                            |   |
|     |                      |                                      |                             |                            |   |  | of income<br>that apply.                                       | (before                                | s income<br>re deductions and<br>sions)                | Sources of inc<br>Check all that a                               |                            | Gross income<br>(before deductions<br>and exclusions) |
|     |                      |                                      |                             |                            | ore that:<br>31, 2016)  | ■ Wages bonuses,                             | s, commissions,<br>tips  |  | \$22,000.00  | ☐ Wages, combonuses, tips  | imissions,                 |   |
|     |                      |                                      |                             |                            |   | ☐ Opera                                      | ting a business  |  |  | ☐ Operating a  | business                   |   |
|     |                      | calendry 1 to                        |                             |                            | 31, 2015 )  | ■ Wages bonuses,                             | s, commissions,<br>tips  |  | \$22,000.00  | ☐ Wages, combonuses, tips  | imissions,                 |   |
|     |                      |                                      |                             |                            |   | ☐ Opera                                      | ting a business  |  |  | ☐ Operating a  | business                   |   |
| 5.  | Inclu<br>and<br>winn | ude ind<br>other<br>nings.<br>each s | come r<br>public<br>f you a | egard<br>benef<br>are fili | less of whet<br>it payments;<br>ng a joint ca<br>ne gross inc | her that inco<br>pensions; r<br>se and you l | ome is taxable. Exental income; intended income; intended that | camples o<br>erest; divid<br>you recei |  | alimony; child supp<br>cted from lawsuits;<br>only once under De | royalties; and<br>ebtor 1. | ecurity, unemployment,<br>d gambling and lottery      |
|     |                      |                                      |                             |                            |   | Debtor 1                                     |  |  |  | Debtor 2   |                            |   |
|     |                      |                                      |                             |                            |   |  | of income<br>pelow.  | each<br>(before                        | s income from<br>source<br>re deductions and<br>sions) | Sources of inc<br>Describe below                                 |                            | Gross income<br>(before deductions<br>and exclusions) |
|     |                      |                                      |                             |                            | ore that:<br>31, 2016)  | Federal                                      | Tax Return   |  | \$5,100.00   |  |                            |   |
|     |                      | calendry 1 to                        |                             |                            | 31, 2015 )  | Federal                                      | Tax Return   |  | \$5,100.00   |  |                            |   |
| Par | rt 21                | Liet                                 | Corto                       | in Do                      | monto Voi   | . Mada Bafa                                  | ore You Filed for  | Ponkrun                                | ato.   |  |                            |   |
| Fal | rt 3:                |                                      |                             |                            |   |  |  | •                                      | -  |  |                            |   |
| 6.  | Are<br>□             | either<br>No.                        | Neith                       | er De                      | btor 1 nor l  | Debtor 2 ha                                  | imarily consume<br>s primarily cons<br>amily, or househo       | umer del                               | bts. Consumer deb                                      | ts are defined in 11   | U.S.C. § 10                | 1(8) as "incurred by an                               |
|     |                      |                                      |                             |                            | 90 days bef   | ore you filed                                | for bankruptcy, o  | did you pa                             | y any creditor a tota                                  | al of \$6,425* or mo   | re?                        |   |
|     |                      |                                      |                             |                            | Go to line  |  |  |  |  |  |                            |   |
|     |                      |                                      | □ \<br>* Su                 |                            | paid that continuity  | reditor. Do n<br>payments t                  | ot include payme<br>o an attorney for                          | ents for do<br>this bankı              | mestic support obli                                    | gations, such as ch  | nild support a             | ne total amount you nd alimony. Also, do              |
|     |                      | Yes.                                 | Debt                        | or 1 o                     | r Debtor 2  | or both have                                 | e primarily cons   | umer del                               |  |  |                            |   |
|     |                      |                                      |                             | No.                        | Go to line  | 7.   |  |  |  |  |                            |   |
|     |                      |                                      |                             | Yes                        | include pay   |  | omestic support  |  | of \$600 or more an<br>s, such as child sup            |  |                            | t creditor. Do not<br>nclude payments to an           |
|     | Cre                  | editor'                              | s Nam                       | e and                      | Address   |  | Dates of paym  | ent                                    | Total amount paid                                      | Amount you still owe   | Was this p                 | payment for   |

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| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                              |                      |                      |                         |                              |  |  |  |  |  |  |
|-----|--|------------------------------|----------------------|----------------------|-------------------------|------------------------------|--|--|--|--|--|--|
|     | ☐ Yes. List all payments to an insider.  |                              |                      |                      |                         |                              |  |  |  |  |  |  |
|     | Insider's Name and Address   | Dates of payment             | Total amount paid    | Amount you still owe | Reason for              | this payment                 |  |  |  |  |  |  |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No   |                              | ments or transfer a  | any property on a    | ccount of a d           | ebt that benefited an        |  |  |  |  |  |  |
|     | ☐ Yes. List all payments to an insider   |                              |                      |                      |                         |                              |  |  |  |  |  |  |
|     | Insider's Name and Address   | Dates of payment             | Total amount paid    | Amount you still owe | Reason for Include cred | this payment<br>litor's name |  |  |  |  |  |  |
| Pai | t 4: Identify Legal Actions, Repossession  | ns. and Foreclosures         |                      |                      |                         |                              |  |  |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   |                              |                      |                      |                         |                              |  |  |  |  |  |  |
|     | Case title Case number   | Nature of the case           | Court or agency      |                      | Status of th            | ne case                      |  |  |  |  |  |  |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  |                              | erty repossessed, t  | foreclosed, garnis   | hed, attached           | d, seized, or levied?        |  |  |  |  |  |  |
|     | Creditor Name and Address  | Describe the Property        |                      | Date                 |                         |                              |  |  |  |  |  |  |
|     |  | Explain what happened        | ı                    |                      |                         | property                     |  |  |  |  |  |  |
| 11. | <ul> <li>Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>  |                              |                      |                      |                         |                              |  |  |  |  |  |  |
|     | Creditor Name and Address  | Describe the action the      | creditor took        |                      | action was              | Amount                       |  |  |  |  |  |  |
| 12. | taken  2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  ■ No □ Yes   |                              |                      |                      |                         |                              |  |  |  |  |  |  |
| Pai | t 5: List Certain Gifts and Contributions  |                              |                      |                      |                         |                              |  |  |  |  |  |  |
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.  | otcy, did you give any gifts | s with a total value | of more than \$60    | 0 per person            | ?                            |  |  |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts           |                      | Dates<br>the g       | s you gave<br>ifts      | Value                        |  |  |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:  |                              |                      |                      |                         |                              |  |  |  |  |  |  |

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| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No  |                      |   |               |  |                          |  |
|-----|--|----------------------|---|---------------|--|--------------------------|--|
|     | ☐ Yes. Fill in the details for each gift or  | contributi           | on.   |               |  |                          |  |
|     | Gifts or contributions to charities that<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Coo  |                      | Describe what you contributed   |               | Dates you contributed                    | Value                    |  |
| Par | t 6: List Certain Losses   |                      |   |               |  |                          |  |
| 15. | Within 1 year before you filed for bankru or gambling?   | uptcy or             | since you filed for bankruptcy, did y                                       | ou lose anytl | ning because of thef                     | t, fire, other disaster, |  |
|     | ■ No   |                      |   |               |  |                          |  |
|     | ☐ Yes. Fill in the details.  |                      |   |               |  |                          |  |
|     | Describe the property you lost and   | Descri               | be any insurance coverage for the lo  | nss           | Date of your                             | Value of property        |  |
|     | how the loss occurred  | Include              | the amount that insurance has paid. L ce claims on line 33 of Schedule A/B: | ist pending   | loss                                     | lost                     |  |
| Par | t 7: List Certain Payments or Transfer   | 's                   |   |               |  |                          |  |
| 16. | Within 1 year before you filed for bankru<br>consulted about seeking bankruptcy or<br>Include any attorneys, bankruptcy petition   | preparir             | ng a bankruptcy petition?   | . ,           | ,, ,                                     | ty to anyone you         |  |
|     | □ No   |                      |   |               |  |                          |  |
|     | Yes. Fill in the details.  |                      |   |               |  |                          |  |
|     |  |                      | Baseletter and order of account   |               | D-1                                      | A                        |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not  | You                  | Description and value of any propertransferred                              | erty          | Date payment<br>or transfer was<br>made  | Amount of payment        |  |
|     | Attorney Fees  |                      |   |               | December<br>2017                         | \$598.00                 |  |
|     | Credit Counseling Service  |                      |   |               |  | \$9.76                   |  |
| 17. | Within 1 year before you filed for bankri promised to help you deal with your cre Do not include any payment or transfer that No  Yes. Fill in the details.  | ditors o             | to make payments to your creditors  |               | r transfer any propei                    | rty to anyone who        |  |
|     | Person Who Was Paid<br>Address   |                      | Description and value of any propertransferred                              | erty          | Date payment or transfer was made        | Amount of payment        |  |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have all No  Yes. Fill in the details. | ur busin<br>s made a | ess or financial affairs? as security (such as the granting of a se         |               |  |                          |  |
|     | Person Who Received Transfer Address  Person's relationship to you   |                      | Description and value of property transferred                               |               | iny property or received or debts change | Date transfer was made   |  |

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Debtor 1 **Atiba Latrice Miller** 

| 19. |   | hin 10 years before you filed for bankru<br>neficiary? (These are often called asset-pr<br>No                           |  | ny property to a       | a self-settle | ed trust or similar device                           | e of which you are a                          |  |  |  |
|-----|---|---|--|------------------------|---------------|--|---|--|--|--|
|     | _   | Yes. Fill in the details.   |  |                        |               |  |   |  |  |  |
|     | Na  | me of trust   | Description and  | value of the pro       | perty trans   | sferred  | Date Transfer was made                        |  |  |  |
| Pai | t 8:  | List of Certain Financial Accounts, In  | nstruments, Safe Depos   | it Boxes, and S        | torage Uni    | ts   |   |  |  |  |
| 20. | sol   | hin 1 year before you filed for bankruptod, moved, or transferred?<br>lude checking, savings, money market,             |  |                        |               | •  |   |  |  |  |
|     |   | uses, pension funds, cooperatives, asso   |  |                        |               |  | ,   |  |  |  |
|     |   | No  |  |                        |               |  |   |  |  |  |
|     |   | Yes. Fill in the details.   |  |                        |               | _  |   |  |  |  |
|     |   | me of Financial Institution and<br>Idress (Number, Street, City, State and ZIP<br>Je)                                   | Last 4 digits of account number                                      | Type of acco           | ount or       | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |  |
| 21. |   | you now have, or did you have within 1<br>h, or other valuables?  | year before you filed fo   | or bankruptcy, a       | iny safe de   | posit box or other depo                              | sitory for securities,                        |  |  |  |
|     |   | No<br>Yes. Fill in the details.   |  |                        |               |  |   |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code) |   | Who else had ac<br>Address (Number,<br>State and ZIP Code)           | (Number, Street, City, |               | the contents   | Do you still have it?                         |  |  |  |
| 22. | Hav   | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? |  |                        |               |  |   |  |  |  |
|     |   | No  |  |                        |               |  |   |  |  |  |
|     |   | Yes. Fill in the details.   |  |                        |               |  |   |  |  |  |
|     |   | me of Storage Facility<br>Idress (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                        | Describe      | the contents   | Do you still have it?                         |  |  |  |
| Pai | t 9:  | Identify Property You Hold or Control   | I for Someone Else   |                        |               |  |   |  |  |  |
| 23. |   | you hold or control any property that so someone.   | omeone else owns? Inc  | lude any prope         | rty you bor   | rowed from, are storing                              | j for, or hold in trust                       |  |  |  |
|     |   | No<br>Yes. Fill in the details.   |  |                        |               |  |   |  |  |  |
|     |   | vner's Name<br>Idress (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City,<br>Code)                  |                        | Describe      | the property   | Value   |  |  |  |
| Pai | t 10:   | Give Details About Environmental Inf  | formation  |                        |               |  |   |  |  |  |
| For | the   | purpose of Part 10, the following definit   | ions apply:  |                        |               |  |   |  |  |  |
|     |   | vironmental law means any federal, state  | •  | •                      | • .           |  |   |  |  |  |

- regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Atiba Latrice Miller

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No |   |  |   |                    |  |  |  |  |  |
|--|---|--|---|--------------------|--|--|--|--|--|
|  | Yes. Fill in the details.   |  |   |                    |  |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                             | Date of notice     |  |  |  |  |  |
| 25.  | Have you notified any governmental unit of an   | ny release of hazardous material?  |   |                    |  |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.  |  |   |                    |  |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                             | Date of notice     |  |  |  |  |  |
| 26.  | Have you been a party in any judicial or admin  | nistrative proceeding under any envir                                      | onmental law? Include settlements a                           | and orders.        |  |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.  |  |   |                    |  |  |  |  |  |
|  | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case  | Status of the case |  |  |  |  |  |
| Par  | 11: Give Details About Your Business or Co  | onnections to Any Business   |   |                    |  |  |  |  |  |
| 27.  | Within 4 years before you filed for bankruptcy  | , did you own a business or have any                                       | of the following connections to any                           | / business?        |  |  |  |  |  |
|  | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |  |   |                    |  |  |  |  |  |
|  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)                        |  |   |                    |  |  |  |  |  |
|  | ☐ A partner in a partnership  |  |   |                    |  |  |  |  |  |
|  | ☐ An officer, director, or managing exec  | utive of a corporation   |   |                    |  |  |  |  |  |
|  | ☐ An owner of at least 5% of the voting o   | or equity securities of a corporation                                      |   |                    |  |  |  |  |  |
|  | ■ No. None of the above applies. Go to Par  | rt 12.   |   |                    |  |  |  |  |  |
|  | ☐ Yes. Check all that apply above and fill in   | the details below for each business.                                       |   |                    |  |  |  |  |  |
|  | Business Name D<br>Address  | Describe the nature of the business  | Employer Identification number Do not include Social Security |                    |  |  |  |  |  |
|  |   | lame of accountant or bookkeeper   | Dates business existed  | number of fine.    |  |  |  |  |  |
| 28.  | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties.                     | , did you give a financial statement to                                    | o anyone about your business? Inclu                           | ude all financial  |  |  |  |  |  |
|  | ■ No □ Yes. Fill in the details below.  |  |   |                    |  |  |  |  |  |
|  |   | Date Issued  |   |                    |  |  |  |  |  |
|  | (Number, Street, City, State and ZIP Code)  |  |   |                    |  |  |  |  |  |

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Debtor 1 Atiba Latrice Miller

| Part 1                | 2: Sign Below                         |   |   |
|-----------------------|---------------------------------------|---|---|
| are tru<br>with a     | e and correct. I understand that make |   | I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. |
| /s/ A                 | iba Latrice Miller                    |   |   |
| Atiba                 | Latrice Miller                        | Signature of Debtor 2                             |   |
| Signa                 | ture of Debtor 1                      |   |   |
| Date                  | January 20, 2018                      | Date  |   |
| <b>Did yo</b><br>□ No | u attach additional pages to Your St  | atement of Financial Affairs for Individuals Fili | ng for Bankruptcy (Official Form 107)?  |
| Yes                   | <b>;</b>                              |   |   |
| Did yo                | u pay or agree to pay someone who     | is not an attorney to help you fill out bankrupt  | cy forms?   |
| ■ No                  |                                       |   |   |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform             | ation to identify your                            | case:  |  |  |                  |
|---------------------------------|---|--|--|--|------------------|
| Debtor 1                        | Atiba Latrice Mille                               | er   |  |  |                  |
| Ves 822 12                      | First Name  | Middle Name  | Last Name  |  |                  |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name  | Last Name  |  |                  |
|                                 |   |  |  |  |                  |
| United States Ban               | kruptcy Court for the:                            | NORTHERN DISTRIC   | CT OF ILLINOIS   |  |                  |
| Case number                     |   |  |  |  |                  |
| (if known)                      |   |  |  | 100000000000000000000000000000000000000  | if this is an    |
|                                 |   |  |  | amende   | ed filing        |
|                                 |   |  |  |  |                  |
| Official For                    | m 107   |  |  |  |                  |
|                                 | -   | ffairs for Indi  | viduals Filing for   | Bankruntcy   | 4/16             |
|                                 |   |  |  |  |                  |
|                                 |   |  |  | are equally responsible for supplying<br>any additional pages, write your nan  |                  |
|                                 | ). Answer every quest                             |  |  | any additional pages, mile your nam  | io una oaco      |
| Part 12: Sign B                 | elow  |  |  |  |                  |
| olgin D                         | CIOW  | ANALISE NO MORE INCOMPRESSOR   | 7  |  |                  |
|                                 |   |  |  | l declare under penalty of perjury that<br>obtaining money or property by frau   |                  |
|                                 |   |  | imprisonment for up to 20 ye   |  | u iii connection |
| 18 U.S.C. §§ 152,               | 1341, 1519, and 3571.                             | 10 200   |  |  |                  |
| /s/ Atiba Latrice               | Miller Otto Ven                                   | Mullio   |  |  |                  |
| Atiba Latrice M                 | 71000   | Sig  | nature of Debtor 2   | *  |                  |
| Signature of Deb                | tor 1   |  |  |  |                  |
| Date January                    | 18 2018   | Dat  | re.  |  |                  |
| Date January                    | 10, 2010  |  |  | 7 N  |                  |
|                                 | ditional pages to You                             | Statement of Financi   | al Affairs for Individuals Fili  | ng for Bankruptcy (Official Form 107   | ')?              |
| □ No                            |   |  |  |  |                  |
| Yes                             |   |  |  |  |                  |
| Did you pay or ag               | ree to pay someone w                              | ho is not an attorney  | to help you fill out bankrupt  | cy forms?  |                  |
| ■ No                            | naratura area Tabun II assentiation (Tabun II) (S | nagaran jaran dipunda terbagain pengangan dipunda dipunda dipunda dipunda dipunda dipunda dipunda dipunda dipu | onen om senere ent Tomme i syntagenjamm, om hat boek jegade Silliani, jac. № 2000. | - And Andrews Control of the Control |                  |
| ☐ Yes. Name of P                | erson Attach th                                   | e Bankruptcy Petition F  | Preparer's Notice, Declaration,  | and Signature (Official Form 119).   |                  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - The Debtor and Attorney have entered into an advance payment retainer for pre-confirmation work including but not limited to the preparation of the petition and plan filing of the case and any amendments necessary for confirmation.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$598.00 toward the flat fee, leaving a balance due of \$3,402.00; and \$89.00 for expenses, leaving a balance due for the filing fee of \$310.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:January 20, 2018                | angul to appear in court to cojetu |
|--------------------------------------|------------------------------------|
| Signed:                              |                                    |
| /s/ Atiba Latrice Miller             | /s/ S.M.deRath, Esq.               |
| Atiba Latrice Miller                 | S.M.deRath, Esq.                   |
|                                      | Attorney for the Debtor(s)         |
| Debtor(s)                            |                                    |
| Do not sign this agreement if the am | ounts are blank.                   |

**Local Bankruptcy Form 23c** 

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)
(Signature Page)

Date: \_\_January 18, 2018

Signed:

/s/ Atiba Latrice Miller

/s/ S.M.deRath, Esq.

S.M.deRath, Esq.

Attorney for the Debtor(s)

Debtor(s)

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

Case 18-01671 Doc 1 Filed 01/20/18 Entered 01/20/18 18:25:40 Desc Main Document Page 65 of 81

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re | e Atiba Latrice                            | Mille           | <u> </u>   |   | Case No.             |                              |           |
|-------|--|-----------------|--|---|----------------------|------------------------------|-----------|
|       |  |                 |  | Debtor(s)   | Chapter              | 13                           |           |
|       | DIS  | SCL             | OSURE OF COMPE   | ENSATION OF ATTOR   | NEY FOR DI           | EBTOR(S)                     |           |
| 1.    | compensation paid                          | to me v         | within one year before the filin                                 | 6(b), I certify that I am the attorneing of the petition in bankruptcy, of or in connection with the bank         | or agreed to be paid | to me, for services rendered | ed or to  |
|       | For legal servi                            | ces, I h        | ave agreed to accept   |   | \$                   | 4,000.00                     |           |
|       | Prior to the fili                          | ng of t         |  |   |                      | 598.00                       |           |
|       | Balance Due                                |                 |  |   | \$                   | 3,402.00                     |           |
| 2.    | \$ of the f                                | iling fe        | e has been paid.   |   |                      |                              |           |
| 3.    | The source of the co                       | ompens          | sation paid to me was:   |   |                      |                              |           |
|       | Debtor                                     |                 | Other (specify):   |   |                      |                              |           |
| 4.    | The source of comp                         | ensatio         | on to be paid to me is:  |   |                      |                              |           |
|       | Debtor                                     |                 | Other (specify):   |   |                      |                              |           |
| 5.    | ■ I have not agree                         | ed to sh        | nare the above-disclosed comp                                    | pensation with any other person u   | nless they are mem   | bers and associates of my    | law firm. |
|       |  |                 |  | sation with a person or persons whames of the people sharing in the c   |                      |                              | rm. A     |
| 6.    | In return for the abo                      | ove-dis         | sclosed fee, I have agreed to r                                  | render legal service for all aspects  | of the bankruptcy of | ease, including:             |           |
|       | b. Preparation and                         | filing of the c | of any petition, schedules, statelebtor at the meeting of credit | lering advice to the debtor in deter<br>tement of affairs and plan which it<br>tors and confirmation hearing, and | may be required;     |                              | y;        |
| 7.    | By agreement with                          | the del         | otor(s), the above-disclosed fe                                  | ee does not include the following   | service:             |                              |           |
|       |  |                 |  | CERTIFICATION   |                      |                              |           |
|       | I certify that the for bankruptcy proceedi |                 | is a complete statement of an                                    | ny agreement or arrangement for p   | payment to me for r  | epresentation of the debtor  | r(s) in   |
|       | January 20, 2018                           |                 |  | /s/ S.M.deRath, Es  | q.                   |                              |           |
| _     | Date                                       |                 |  | S.M.deRath, Esq.  | -                    |                              |           |
|       |  |                 |  | Signature of Attorney   |                      |                              |           |
|       |  |                 |  | Attorney S.M.de R<br>233 S. Wacker Dr,  |                      |                              |           |
|       |  |                 |  | Chicago, IL 60606   | O-1.11 L             |                              |           |
|       |  |                 |  | 312-283-8606  |                      |                              |           |
|       |  |                 |  | Name of law firm  |                      |                              |           |

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

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#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

    The Debtor and Attorney have entered into an advance payment retainer for pre-confirmation work including but not limited to the preparation of the petition and plan filing

of the case and any amendments necessary for confirmation.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
  - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$598.00

toward the flat fee, leaving a balance due of \$3,402.00; and \$89.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:                                   |                            |
|---|----------------------------|
| Signed:                                 | $\mathcal{O}_{\perp}$      |
| /s/ Atiba Latrice Miller ( ) The Market | /s/ S.M.deRath, Esq.       |
| Atiba Latrice Miller                    | S.M.deRath, Esq.           |
|   | Attorney for the Debtor(s) |
|   |                            |

Debtor(s)

Do not sign this agreement if the amounts are blank.

**Local Bankruptcy Form 23c** 

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Atiba Latrice Miller                          |   | Case No.            |                       |
|-------|---|---|---------------------|-----------------------|
|       |   | Debtor(s)   | Chapter 13          |                       |
|       | VE  | RIFICATION OF CREDITOR MA   | TRIX                |                       |
|       |   | Number of Co  | reditors:           | 26                    |
|       | The above-named Debtor(s) is (our) knowledge. | hereby verifies that the list of creditor                         | s is true and corre | ect to the best of my |
| Date: | January 20, 2018                              | /s/ Atiba Latrice Miller Atiba Latrice Miller Signature of Debtor |                     |                       |

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### United States Bankruptcy Court Northern District of Illinois

| In re | Atiba Latrice Miller                       |  | Case No.                      |              |
|-------|--|--|-------------------------------|--------------|
|       |  | Debtor(s)                                | Chapter 13                    |              |
|       |  |  |                               |              |
|       |  |  |                               |              |
|       | VE   | RIFICATION OF CREDITOR MA                | ATRIX                         |              |
|       |  |  |                               |              |
|       |  | Number of C                              | Creditors:                    | 25           |
|       |  |  |                               |              |
|       |  |  |                               |              |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credito | rs is true and correct to the | e best of my |
|       |  |  |                               |              |
|       |  |  |                               | 5            |
| Date: | January 18, 2018                           | /s/ Atiba Latrice Miller                 | o Maller                      |              |
|       |  | Atiba Latrice Miller                     | J Cours                       |              |
|       |  | Signature of Debtor                      |                               |              |

### United States Bankruptcy Court Northern District of Illinois

| In re | Atiba Latrice Miller |        | Case No. |   |  |
|-------|----------------------|--------|----------|---|--|
|       |                      | Debtor |          |   |  |
|       |                      |        | Chapter  | 7 |  |

### **Numbered Listing of Creditors**

| Cre        | ditor name and mailing address   | Category of Claim | Amount of Claim |
|------------|--|-------------------|-----------------|
| 1.         | Aes/pheaa Rehabs<br>Attn: Bankruptcy<br>Po Box 2461<br>Harrisburg, PA 17105                        | Unsecured claims  | 0.00            |
| 2.         | ARS/Account Resolution Specialist<br>Po Box 459079<br>Sunrise, FL 33345                            | Unsecured claims  | 324.00          |
| 3.         | Capital One<br>Attn: General Correspondence/Bankruptcy<br>Po Box 30285<br>Salt Lake City, UT 84130 | Unsecured claims  | 194.00          |
| <b>4</b> . | Capital One<br>Attn: General Correspondence/Bankruptcy<br>Po Box 30285<br>Salt Lake City, UT 84130 | Unsecured claims  | 0.00            |
| 5.         | Citibank<br>Citicorp Cr Srvs/Centralized Bankruptcy<br>Po Box 790040<br>S Louis, MO 63129          | Unsecured claims  | 0.00            |
| 6.         | Citibank<br>701 East 60th Street North<br>Sioux Falls, SD 57104                                    | Unsecured claims  | 0.00            |
| 7.         | Citibank<br>Citicorp Cr Srvs/Centralized Bankruptcy<br>Po Box 790040<br>S Louis, MO 63129          | Unsecured claims  | 0.00            |
| 8.         | Citibank<br>Citicorp Cr Srvs/Centralized Bankruptcy<br>Po Box 790040<br>S Louis, MO 63129          | Unsecured claims  | 0.00            |
| 9.         | COMED (LIGHTS)<br>407 LUELLA<br>CALUMET CITY, IL 60409   | Unsecured claims  | 224.51          |
| 10.        | Credence Resource Management<br>Po Box 2300<br>Southgate, MI 48195                                 | Unsecured claims  | 1,491.00        |
| 11.        | Credit Management, LP<br>Attn: Bankruptcy<br>Po Box 118288<br>Carrollton, TX 75011                 | Unsecured claims  | 1,680.00        |

| <sup>4</sup> n re | Atiba | Latrice | Mille |
|-------------------|-------|---------|-------|
|                   |       |         |       |

| Case No. |
|----------|
|----------|

Debtor

# Numbered Listing of Creditors (Continuation Sheet)

|     | ditor name and mailing address  | Category of Claim | Amount of Claim |
|-----|---|-------------------|-----------------|
| 12. | Dept Of Ed/582/neInet<br>Attn: Claims/Bankruptcy<br>Po Box 82505<br>Lincoln, NE 68501                     | Unsecured claims  | 0.00            |
| 13. | Dept Of Ed/582/neInet<br>Attn: Claims/Bankruptcy<br>Po Box 82505<br>Lincoln, NE 68501                     | Unsecured claims  | 0.00            |
| 14. | Diversified Consultants, Inc.<br>Diversified Consultants, Inc.<br>Po Box 551268<br>Jacksonville, FL 32255 | Unsecured claims  | 346.00          |
| 15. | Equifax<br>Attn: Bankruptcy Dept.<br>P.O. Box 740241<br>Atlanta, GA 30374                                 | Unsecured claims  | 0.00            |
| 16. | ER's<br>1600 torrence<br>calumet city, IL 60409   | Unsecured claims  | 3,000.00        |
| 17. | Experian<br>Attn: Bankruptcy Dept.<br>P.O. Box 2002<br>Allen, TX 75013                                    | Unsecured claims  | 0.00            |
| 18. | Fed Loan Servicing<br>Po Box 60610<br>Harrisburg, PA 17106  | Unsecured claims  | 19,346.00       |
| 19. | Fed Loan Servicing<br>Po Box 60610<br>Harrisburg, PA 17106  | Unsecured claims  | 5,745.00        |
| 20. | Fed Loan Servicing<br>Po Box 60610<br>Harrisburg, PA 17106  | Unsecured claims  | 5,579.00        |
| 21. | FedLoan Servicing<br>Po Box 60610<br>Harrisburg, PA 17106   | Unsecured claims  | 2,169.00        |
| 22. | Harris & Harris<br>111 W Jackson Blvd<br>Suite 400<br>Chicago, IL 60604                                   | Unsecured claims  | 0.00            |

| √n re | Atiba Latrice Miller |        | Case No. |
|-------|----------------------|--------|----------|
| _     |                      |        | Case No  |
|       |                      | Debtor |          |

# Numbered Listing of Creditors (Continuation Sheet)

| Cred        | ditor name and mailing address   | Category of Claim | Amount of Claim |
|-------------|--|-------------------|-----------------|
| 23.         | JP Morgan Chase<br>Attn: Bankruptcy<br>Po Box 15298<br>Wimington, DE 19850                       | Unsecured claims  | 0.00            |
| 24.         | Komyatte & Casbon, PC<br>Attn: Collections Department<br>9650 Gordon Drive<br>Highland, IN 46322 | Unsecured claims  | 106.00          |
| 25.         | Nationwide Cassel Llc<br>3435 N Cicero Ave<br>Chicago, IL 60641                                  | Unsecured claims  | 6,103.00        |
| 26.         | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773                              | Unsecured claims  | 1,861.00        |
| 27.         | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773                              | Unsecured claims  | 7,657.00        |
| 28.         | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773                              | Unsecured claims  | 2,291.00        |
| <b>.</b> 9. | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773                              | Unsecured claims  | 7,759.00        |
| 0.          | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773                              | Unsecured claims  | 1,412.00        |
| 1.          | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773                              | Unsecured claims  | 5,686.00        |
| 2.          | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773                              | Unsecured claims  | 2,930.00        |
|             | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773                              | Unsecured claims  | 1,961.00        |

| In re | Atiba Latrice Miller |        | Case No. |
|-------|----------------------|--------|----------|
| -     |                      | Debtor | Case No. |

# Numbered Listing of Creditors (Continuation Sheet)

|             | ditor name and mailing address   | Category of Claim | Amount of Claim |
|-------------|--|-------------------|-----------------|
| 34.         | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773            | Unsecured claims  | 5,226.00        |
| 35.         | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773            | Unsecured claims  | 7,200.00        |
| 36.         | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773            | Unsecured claims  | 2,217.00        |
| 37.         | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773            | Unsecured claims  | 3,802.00        |
| 38.         | Navient<br>Attn: Bankruptcy<br>Po Box 9500<br>Wilkes-Barr, PA 18773            | Unsecured claims  | 1,901.00        |
| 39.         | Penn Credit<br>Attn:Bankruptcy<br>Po Box 988<br>Harrisburg, PA 17108           | Unsecured claims  | 200.00          |
| <b>10</b> . | SIc Conduit I LIc<br>Citibank USA, N.A<br>Po Box 6191<br>Sioux Falls, SD 57117 | Unsecured claims  | 0.00            |
| 1.          | SIc Conduit I LIc<br>Citibank USA, N.A<br>Po Box 6191<br>Sioux Falls, SD 57117 | Unsecured claims  | 0.00            |
| 2.          | SIC Conduit   LIC<br>Citibank USA, N.A<br>Po Box 6191<br>Sioux Falls, SD 57117 | Unsecured claims  | 0.00            |
| 3.          | SIc Conduit I LIc<br>Citibank USA, N.A<br>Po Box 6191<br>Sioux Falls, SD 57117 | Unsecured claims  | 0.00            |

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| ∕¹n re _ | Atiba Latrice Miller | Case No. |  |
|----------|----------------------|----------|--|
| _        | -                    | Debtor   |  |

## Numbered Listing of Creditors (Continuation Sheet)

| Crec | litor name and mailing address  | Category of Claim | Amount of Claim |
|------|---|-------------------|-----------------|
| 44.  | SIc Conduit I LIc<br>Citibank USA, N.A<br>Po Box 6191<br>Sioux Falls, SD 57117    | Unsecured claims  | 0.00            |
| 45.  | SIc Conduit I LIc<br>Citibank USA, N.A<br>Po Box 6191<br>Sioux Falls, SD 57117    | Unsecured claims  | 0.00            |
| 46.  | SIc Conduit I LIc<br>Citibank USA, N.A<br>Po Box 6191<br>Sioux Falls, SD 57117    | Unsecured claims  | 0.00            |
| 47.  | SIc Conduit I LIc<br>Citibank USA, N.A<br>Po Box 6191<br>Sioux Falls, SD 57117    | Unsecured claims  | 0.00            |
| 48.  | SIc Conduit I LIc<br>Citibank USA, N.A<br>Po Box 6191<br>Sioux Falls, SD 57117    | Unsecured claims  | 0.00            |
| 49.  | Transunion<br>Attn: Bankruptcy Dept.<br>P.O. Box 1000<br>Crum Lynne, PA 19022     | Unsecured claims  | 0.00            |
| 50.  | Westlake Financial Srvs<br>Customer Care<br>Po Box 76809<br>Los Angeles, CA 90054 | Secured claims    | 6,852.00        |

### **DECLARATION**

I, the above-named Debtor, declare under penalty of perjury that I have read the foregoing Numbered Listing of Creditors and that it is true and correct to the best of my information and belief.

| Date | January 6, 2018 | Signature /s/ Atiba Latrice Miller | Film Mo     | 200m) |
|------|-----------------|------------------------------------|-------------|-------|
|      |                 | Atiba Latrice Miller               | <del></del> |       |
|      |                 | Debtor                             |             |       |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.

18 U.S.C §§ 152 and 3571.

Aes/pheaa Rehabs Attn: Bankruptcy Po Box 2461 Harrisburg, PA 17105

Anthony Holland 722 E. 157th Place South Holland, IL 60473

ARS/Account Resolution Specialist Po Box 459079 Sunrise, FL 33345

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Citibank Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

Citibank 701 East 60th Street North Sioux Falls, SD 57104

COMED (LIGHTS)
407 LUELLA
CALUMET CITY, IL 60409

Credence Resource Management Po Box 2300 Southgate, MI 48195

Credit Management, LP Attn: Bankruptcy Po Box 118288 Carrollton, TX 75011

Dept Of Ed/582/nelnet Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 Diversified Consultants, Inc. Diversified Consultants, Inc. Po Box 551268 Jacksonville, FL 32255

Equifax Attn: Bankruptcy Dept. P.O. Box 740241 Atlanta, GA 30374

ER's 1600 torrence calumet city, IL 60409

Experian
Attn: Bankruptcy Dept.
P.O. Box 2002
Allen, TX 75013

Fed Loan Servicing Po Box 60610 Harrisburg, PA 17106

FedLoan Servicing Po Box 60610 Harrisburg, PA 17106

Harris & Harris 111 W Jackson Blvd Suite 400 Chicago, IL 60604

JP Morgan Chase Attn: Bankruptcy Po Box 15298 Wlmington, DE 19850

Komyatte & Casbon, PC Attn: Collections Department 9650 Gordon Drive Highland, IN 46322

Nationwide Cassel Llc 3435 N Cicero Ave Chicago, IL 60641

Navient Attn: Bankruptcy Po Box 9500 Wilkes-Barr, PA 18773

nicole thompson 407 luella calumet city, IL 60409

Penn Credit Attn:Bankruptcy Po Box 988 Harrisburg, PA 17108

Slc Conduit I Llc Citibank USA, N.A Po Box 6191 Sioux Falls, SD 57117

Transunion Attn: Bankruptcy Dept. P.O. Box 1000 Crum Lynne, PA 19022

Westlake Financial Srvs Customer Care Po Box 76809 Los Angeles, CA 90054